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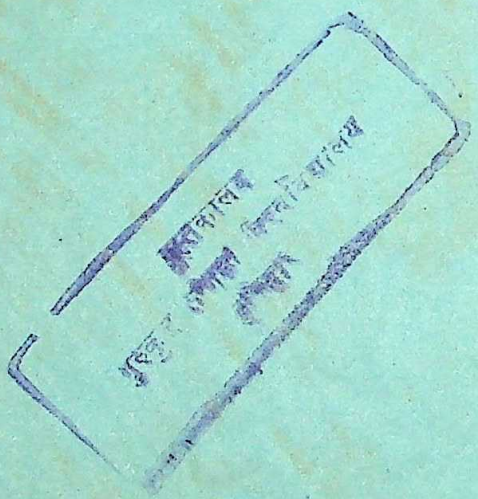


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Vol.

"नात्मार्थं नापि कामार्थम्—अथ भूतदयां प्रति"—(*Charaka.*)

The Journal of Ayurveda

or the Hindu System of Medicine.

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THE JOURNAL OF AUYRVEDA

Vol. II.] January, 1926. [No. 7.

Necessity for State Recognition of Ayurveda.

We have times without number drawn the attention of the Government and the public on the efficient and economical method of treatment that can be meted out to the masses by State-recognition of Ayurveda. Even now when there is no Government subsidy and Government backing it is serving at least 90 per cent of the general population and it is imperative that without shelving the matter any further the Government should, to help the dumb millions, consider seriously the question of State-recognition and draw up a scheme for its efficient management.

It may be argued that the claims of Ayurveda are not so solid as to necessitate State recognition ; but the fact that it is still serving and efficiently too, quite a large portion of the population cannot be ignored. Besides, the verdict of disinterested opinions of the I.M.S. and people of all shades of opinion amongst whom we may count Anglo-Indian Judges and politicians, distinguished statesmen, able administrators and great leaders of our legislatures, princes, zeminders, and merchant-princes of all grades not to speak of many others noted for their deep thinking and sober judgment, have time and again corroborated our contention that Ayurveda is the "medicine for the mass" of the Indian population. Thus the Government had to accede to the late Sir Surendranath's towering personality in appointing a committee to report on the Indigenous system of Medicine. After several years' Herculean labour the committee has at last submitted its report, but so far nothing has come out of it.

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It is not on the above grounds only that we claim for state-recognition and state-aid. At this stage of our knowledge it will simply be hoodwinking the public to ignore the merits of Ayurveda. Disinterested people of authority have oftentimes spoken highly of its merits. It is only those blinded perhaps by self-interest who condemn Ayurveda as being unscientific, or judge it as of no merit. Such blind and selfish mentality born of vested interests have been ousted in Madras. In the series of articles we have been publishing on "Some Claims of Ayurveda" the author has very lucidly presented some of its claims from "Internal evidences." This should be an eye-opener to many of our critics to whom the very name of "Ayurveda" smacks of quackery.

It has further been stated that by spending money on Ayurveda the Government will be spending money on erroneous unscientific practices. To such critics we have given our replies time and again. The science of medicine is still imperfect, specially the way the West understands it. It is of little importance by what you call a disease; the real aim with all who profess to practise the art of healing is to cure disease: and what little statistical records we can lay our hands on, conclusively prove the efficacy and superiority of Ayurvedic treatment. So it will not be impolitic to spend money for the promotion of a superior, economical, and efficient medical aid for the masses who form the real strength and stay of any Government established by law.

Another important aspect of Ayurveda is the dietetic treatment of diseases which has a far-reaching effect than drugs, specially with a certain class of diseases. This vital part of the treatment which is more important in the tropics, is too often ignored by both European and Indian practitioners of the Western methods, owing to their lack of knowledge of Indian dietary. It is notorious that the study of Indian dietetics in relation to diseases peculiar to our country is completely over-looked by both

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professors and their pupils in Allopathic Colleges and Schools. Along with the European medicine the principles of diet have also been transplanted on this soil, without any attempt of modification so vital to the different needs and requirements of the people, who are so widely different in physic and temperament.

This exotic Western system has been forcibly grafted on us not as the "Universal" system of medicine, but as a white elephant to be fed by the State without an eye to economy. None can deny that the Western system is more expensive and the Government is spending huge sums of money to pamper a system, which meets the requirements of only about 10 per cent of the popualtion To provide allopathic medical aid to the whole population means that the Government will go to bankruptcy. To serve as far as possible the majority of the population with the best medical aid, which is scientific, efficient and at the same time economical and better suited to the climate, habits and temparaments of the people, the Government should take advantage of the existing Ayurvedic system, recognise and improve it by placing at its disposal a fund which can be laid by without starving any other State department, no less important and pressing in their claims.

Reviews and Notices of Books.

—:○:—

MAGAZINES & JOURNALS.

Yoga Mimansa.—Edited by Srimat Kuvalayananda (Dr. J. G. Gune), Kaivalyadhama, Kunjavana, Lonavla, Bombay. Annual Subscription Rs. 7/-.

It happens very seldom to have a new journal out of the common track : and the one under review is such a treat. The Journal which is a quarterly publication was started a little more than a year ago and the October, 1925, issue completes the first volume. The object of the journal, which is full of novel and interesting subject matter from the beginning to the end, is to record scientific researches in pshycho-

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physiology, spiritual and physical culture, etc., with their practical application to therapeutics. We are quite proud to emphasise the fact that the Swamiji (who was Dr. J. G. Gune, an experienced and successful medical practitioner before he renounced the world), has fully succeeded in his mission. The magazine is for every body as the "Yoga System", which is considered as mainly spiritual, is based on a perfect system of applied therapeutics and physical exercises, which can only bless the acquirer with a mentality of unflinching spirituality. The various poses and practices of "Hatha Yoga" with their utility in curing different diseases have been well described and illustrated with excellently done-up half-tone photographs. We wish the Journal every success and congratulate Srimat Kuvalayanandji for his laudable attempts to teach the people. The Vol. I, consisting of 4 issues can be had at the above address on payment of Rs. 7/- only post free (thereafter Rs. 9/-) till the end of February 1926, which is ridiculously cheap, considering the matter contained in it and we trust that none interested in Yoga philosophy with its relationship to therapeutics and physical culture should miss it.

Student's Own Magazine :—Lahore. Edited by Shiva Dass, B.A., B.T. Subscription price Rs. 2/- per annum.

This journal is devoted exclusively to meet the needs of the students. Hints regarding preparation of difficult subjects for examination purposes will be found very useful. A special feature is the illustrated indoor physical exercises for hard-worked students. The model examination papers will also be found very helpful to Matriculation students. We take strong exception to several advertisements of 'body builders' which should not find a place in a magazine for students, which should be as much free from such advertisements as possible.

Publicity. December, 1925, Vol. I. No. 1. :—Edited by Arthur W. Smith ; 1, Pollock Street, Calcutta. Annual subscription :—Rs. 5/- only.

This is a new venture of its kind in India, and the name of Mr. Arthur W. Smith, the advertising expert as the Editor, ensures success. Scientific advertising is the key to a successful business enterprise, which the journal discusses for the benefit of the businessman. The articles and notes contained in this issue are interesting reading. We congratulate Mr. Smith on the first number of his Journal. The January number promises much more attraction.

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Original Articles.

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SOME SYMPTOM COMPLEXES IN AYURVEDA.

Some symptom-complexes in Ayurveda occurring in the course of various diseases and becoming the leading clinical pictures are considered distinct clinical entities or diseases, for often the original disease is so slight as unnoticed by the patient and is masked altogether, e.g., Rakta Pitta, Bata-Pitta, Sita-Pitta, etc.

The etiology of such diseases are interesting. A Dosha is primarily deranged when the disease is functional and the course is more or less acute. When a dhatu (tissue) is secondarily involved, there are structural derangements and the disease has a longer duration and often becomes chronic.

Thus in Rakta-pitta there is primary hyperfunction of Pitta-dosha, with secondary involvement of Rakta-dhatu (blood is considered a tissue in ancient Ayurveda as in modern medicine). The leading clinical picture is hæmorrhage.

When the irritant which causes the derangement can not be destroyed and removed (as in a chronic disease due to infection, or a chronic metabolic disorder) or recurs periodically (as in vicarious menstrution) there is recurrence of the hæmorrhage. In those cases where the recurrence of hæmorrahage can not be clearly explained and where the presence of irritants cannot be detected and localised, such cases are called in modern medicine a *Hæmorrhagic diathesis*. Rakta-pitta includes cases of such diathesis as well as others in whom hæmorrhage is a prominent symptom.

Similarly in Bata-Rakta there is primary involvent of the Vayu-dosha with secondary affection of the blood (Rakta-dhatu) This disease manifests in affections of the joints and the skin. When these manifestations are oft-repeated in a patient he is said to have *arthritic diathesis* of modern Medicine.

Similarly in Udardda for Sitapitta there is primary involvement of Kapha-dhatu and secondary derangement of Pitta and blood. This disease also manifests in affections of skin and joints. But these are distinct from the other variety due to Bata-Rakta. When

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these manifestations are oft-repeated, the patient is said to have *exudative diathesis*. One aspect of blood-diseases due to krimis or blood parasites (infections of Modern Medicine), differ from the present group of blood diseases due to Endogenous toxins causing derangement of Doshas or the sympathetic Endocrines.

RAKTA-PITTA.

As already noted the Pitta-dosha (katabolic Endocrines) is primarily and the Rakta dosha (Blood) is secondarily affected and ths result is the disease "Rakta-pitta."

Modern Medicine states that katabolic Endocrines (Thyroid, Pituitary and Adrenals) are in the van in checking toxins, endogenous and exogenous, which affect the system

With the impairment of one Dosha, the Doshic equilibrium is upset and other Doshas are more or less affected (dysfunction). Thus we have three clinical varieties of Raktapitta.

(*a*) *Due to dysfunction of Vayu* :—The blood ejected is thick greenish or reddish yellow in colour (due to admixture of Biliverdin or Bilirubin). Such blood comes out through the lower orifices, e.g., the rectum and the organs of generation. It may be noted that the menstrual fluid which is physiological is not Raktapitta.

(*b*) *Due to dysfunction of Kapha* :—The blood ejected is whitish or yellowish white in colour (due to admixture of mucous or urobilin). Such blood comes through the upper orifices, e.g., mouth, ear, nose etc., mixed with local mucous discharge. (Normally Liver does not allow urobilin to pass into the circulation).

(*c*) *Due to dysfunction of pitta* :—Dysfunction of pitta follows hyperfunction when the irritant is not removed with the hæmorrhage. The case is often very serious.

The boold comes out not only through the various orifices, but also through the skin (purpuric hæmorrhages). The colour of the blood is reddish black or black (due to defective oxidation), which shows the seriousness of the disease, and the black colour is due to sterocobilin in the blood excreted. (How the congestion is often passive).

The result of Pitta irritation is congestion or increased blood supply locally. The natural relief is by excretion of this excess blood wihch has accumulated or by hæmorrhage. After this is artificially done by incision in an accessible part or by venesection proximal or distal. This pathological congestion must be distinguished from physiological congestion of a gland before secretion.

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The gland becomes physiologically active by stimulation by Pitta when there is increased blood supply to the gland. As soon as sufficient blood is supplied to the gland, the Pitta action ceases and the opposite yet complementary Kapha action becomes evident by physiological secretion from the gland. This automatic stopping of Pitta and simultaneous stimulation of Kapha is regulated by Vayu or the sympathetic.

The same takes place in pathological congestion. The irritant present locally or the local focus stimulates Pitta (katabolic hormone) and produces congestion (increased blood supply) locally, to neutralise or destroy the local irritant. The product resulting from such destruction is removed with the blood by hæmorrhage (excretion due to stimulation of Kapha). This process is also regulated by Vayu.

When the irritant cannot be so destroyed and removed the Pitta continues to act after the hæmorrhage, till from its hyperfunction, there is gradual dysfunction which results not only in active but some times in passive congestion. This is more serious than active congestion. The opposing Kapha hormone is stimulated and there are several slight hæmorrhages. Thus by alternate stimulation and depression of Pitta and Kapha, Nature tries to destroy or remove the irritant.

Often the irritant is a recurring one, as in conditions which raise B. P or periodically recurring one, as in vicarious menstruation.

When the original disease is very mild or undistinguishable and the cause is obscure and there are several hæmorrhages on the slightest pretext, the condition is one of hæmorrhagic diathesis.

Premonitary Symptoms.

Severe lassitude, desire for cold food and procedure, e.g., cold bath, exposure to cool air, hot fumes coming out of the breath, etc.

Factors which upset Pitta.

Severe exposure to the sun, excessive athletic and other strenuous exercises, severe emotional excitement, e.g., grief, long and continued travelling, excessive sexual indulgence, excessive use of pungent articles for sometime, e.g., chillies, continued and severe exposure to heat or fire and excessive and continued use of alkaline (specially rich in potash salt—Jabakshar), salty, acid and bitter thinge. These, as we now know, irritate the Adrenals (the chief pitta Endocrine directly or indirectly).

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ASSOCIATED SYMPTOMS.

Weakness of body, difficulty of respiration with other respiratory troubles like cough, fever, etc., vomiting, delirium, jaundice, burning, swooning bad digestion, emotional excitement, severe cardiac pain, thirst, diarrhoea heat in the head, pus in stool, loss of appetite, derangement of blood, etc.

PROGNOSIS.

If derangement of blood is due to one Dosha, it is curable ; if due to two Doshas it is difficult of cure ; if due to all the three Doshas (sannipat) it is incurable.

In persons with weakness of digestion and thinness of body weight, persons having no appetite in whom hæmorrhage is severe, it is incurable.

The blood which comes from the upper openings is easily curable, that which comes from the lower openings is difficult of cure, that which comes from both the passages is incurable.

If hæmorrhage occurs without any previous disease, if there is no associated complication, if it is not severe, if the patient is not very weak or debilitated, when hæmorrhage takes place in autumn and winter, it is curable.

If hæmorrhage consists of pure blood serum with foul odour, or clay-coloured (greyish) serum or serum mixed with fat or the colour of blood is black, the case is incurable.

If the colour of blood is black or indigo blue or it is a mixture of variegated colours, of very bad smell, while the patient is very weak, it is incurable.

In certain cases if hæmorrhage in suddenly stopped, it may bring on heart disease, jaundice, chronic diarrhœa, enlarged spleen and other tumours, fever and some skin diseases

For hæmorrhage is nature's attempt to get rid of the toxin. If it is not very violent as to endanger the patient's life, it should not be suddenly checked, for the toxin remains in the system and brings on the complications stated above.

DIFFERENTIAL DIAGNOSIS.

Ayurveda lays great stress in distinguishing the hæmorrhage of Rakta-pitta, particularly hæmatemesis from that of Phthisis *viz.*, hæmoptysis. Both Ayurveda and modern medicine agree that the two conditions are difficult to distinguish.

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At the outset hæmorrhage coming through the mouth from other causes (nose, gum, pharynx, and larynx etc.,) must be distinguished by local examination.

In case of females, vicarious menstrution should be excluded. In aged persons due to irritation from Vayu (modern blood pressure in which hæmorrhage may come from any passage) should be excluded by examining the pulse.

Most diseases in Ayurveda due to derangement of one Dosha is believed to pass through two other stages, in which the other Doshas are involved and prominent. These are considered as different stages of the same disease.

Thus the first stage of Phthisis is the Paittik or congestive stage (the congestion is induced by stimulation of pitta due to the local focus of infection by T. B). Hæmorrhage may be induced as nature's remedy to get rid of the irritant. The next stage is the Vayu stage or the irritative stage when nature tries to get rid of the irritant by coughing it out. Hence this stage of Pthisis is marked by fruitless cough. The third stage of the disease is the Saishlik or exudative stage when nature tries to dislodge the irritant by secretion which is coughed out.

Early hæmoptysis in the first stage of pthisis when the disease is not suspected, but ushered by blood-vomit is difficult to distinguish from the hæmatemesis of Rakta-pitta of Paittik variety, due to portal obstruction from any cause. To distinguish the two conditions is important, for the treatment even when symptomatic is quite different. The previous history of liver affection and the site of pain in the hepatic region distinguishes it from hæmoptysis.

Often an attack of Phthisis starts from some functional derangement of Liver. According to Dr. Muthu the well-known Tuberculosis specialist most cases of Phthisis start from the Liver. The writer has seen several such cases which began as vague symptoms of dyspepsia with steady reduction of weight, slow fever, slight cough, ending in Phthisis.

The writer knows of another interesting case where severe pain and fever with acute hepatites preceded an attack of phthisis of the fibroid variety. The typical signs of Phthisis were present in a localised focus in the right lungs, e.g., fever, cough, crepitations preceding the formation of a small cavity. This was followed by an attack of hæmoptysis with relief of symptoms ending in

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recovery curiously enough when the lung symptoms increased, the liver symptoms subsided. She had an exactly similar attack 15 years back, followed by hæmoptysis and complete cure.

Such cases of fibroid Phthisis are not considered Phthisis at all in Ayurveda but are considered as Rakta-pitta, for the latter is readily curable.

We now know that T. B. produces solution of tissues. Hence such cases as described above cannot be tubercular affection.

Ordinarily in Rakta-Pitta there is very little mucous in the hæmorrhage as distinguished from hæmoptysis But this distinction is of no value in the Slaishik variety of Rakta-pitta, e.g., Hæmatemesis from gastric ulcer or cancer in which much mucous is present. There is a single profuse bleeding in gastric ulcer, but in gastric cancer there are several small bleedings as in Hæmoptysis.

Apart from previous history, the following are distinguishing points between Hæmoptysis and Hæmatemesis :—

HÆMATEMESIS.	HÆMOPTYSIS.
1. Previous history of gastric or liver trouble.	1. Previous history of trouble in the lungs.
2. Nausea and feeling of fainting before hæmorrhage.	2. Cough before hæmorrhage due to tickling of throat
3. Blood mixed with food or mucous, colour copper ground.	3. Blood crimson and frothy.
4. Taste of blood as felt by the patient, acid or bilious or both.	4. Taste of blood—alkaline.
5. Pain is felt in abdomen.	5. Pain is felt in chest.
6. Hæmorrhage is followed by malaria.	6. No melæna.
7. Longing for cooling food, drink and procedure.	7. Longing for meat and sexual connection
8. Cooling and food and measures relieve the pantient's condition.	8. Cooling food and measures aggravate the patient's condition.

Hence differentiation of the two conditions is absolutely unnecessary for Ayurvedists.

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Relation of Bile, Blood and Chyle.

Ayurveda states that Rasa (Chyle) is tinged red during its passage with the circulation through the liver and the spleen under the influence of "Ranjaka Pitta" and thus changes into blood.

Ayurveda further states that bile is the gross visible product of the fine invisible "Pitta."

According to modern medicine there are two theories in these connections.

(1) The old theory of bile formation is that it is produced as a result of disintegration of old and worn out Eryturocytes (R. B. C.) in the spleen.

(2) The modern theory of Voigttin and Bernheim is that "Liver constructs a pre-pigment material which is utilised as a *true internal secretion* (Ranjak Pitta of Ayurveda) to construct pre-hæmoglobin and hæmoglobin, as needed by Red cells, while the excess reserve supply not needed in the body is excreted in the bile as bile pigments."

The Ranjak pitta of Ayurveda is therefore a true hormone and not a humour and supplies pre-pigment material which form the pigment (hæmoglobin) of blood and bile (bile pigments). The materials to construct this pre-pigment material in the liver is supplied by the products of destruction of old Eryturocytes in the spleen.

Hence when katabolic or pitta Endocrines dysfunction, the blood and bile pigments are perverted, which, as Ayurveda says, come out with the blood as hæmorrhage, for the Rakta-Dhatu is affected with Pitta-Dosha.

Thus in the Vayu-variety of Rakta-Pitta, deranged bile pigment courses as Bilirubin or Bili-verdin ; in the Kapha-variety as Uro-bilin and in the Pitta-variety as Sterco-bilin (which according to the Younani System comes from the spleen.)

Hæmorrhage in Rakta-pitta.

Hæmorrhage results when the clotting power of blood is diminished.

Modern medicine says that at least 8 different substances are concerned in one way or the other with the process of coagulation or clot formation

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Three of these fibrinogen, hepatin and anti thrombin are believed to be formed in the Liver, the other five thrombin, prothrombin, calcium, pro-antithrombin and thrombo-kinase are formed or present in the blood.

(1) *Fibrinogen* is a protein of the globulin class, which is believed as a hormone of the Liver and exists as a soluble form in the blood plasma within the blood vessels. When blood is shed, this fibrinogen is transformed by an enzyme fibrin-ferment or thrombin) into fibrin which with the blood corpuscles form the clot.

Blood { plasma { Serum / Fibrin } clot. / Corpuscles }

Liver is believed to keep the fibrinogen balance of the blood.

(2) *Heparin* is a phosphatid existing in various tissues but most abundant in the liver. It is supposed to be another hormone of the liver.

It has two functions :—

(a) Converts pro anti thrombin into anti-thrombin.

(b) Acts as anti-pro thrombin and prevents activation of pro-thrombin in to thrombin.

(3) *Anti-thrombin* is an anti-ferment analogous to anti pepsin, anti-trypsin, etc., which neutralises the fibrin-ferment (Thrombin) as soon as formed in the circulating blood. It is formed in the Liver and is considered as a third hormone of the Liver.

(4) *Thrombin* or fibrin ferment is belived to originate from blood platelets and leucocytes which shed out these ferments. This acts on fibrinogen and form fibrin and clot formation. Hence clotting of blood is due to activity of thrombin. It was at one time thought to de identical with Nucleo-protein.

(5) *Pro-thrombin* is the Zymogen or mother substance of Thrombin. This pro-thrombin or thrombogen requires the action of two different agents to be converted into Thrombin : (a, Calcium salt (b) Thrombo-kinase.

(6) *Calcium Salts.* The part played by these salts is evidenced from the fact that de-calcification of blood prevents coagulation or clot formation Calcium is only necessary for the *formation* of thrombin (fibrin ferment) from thrombogen or pro thrombin and *not for the action* of Fibrin ferment.

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(7) *Thromb-kinase* is the activating agent (analogous to entero kinase which activates pancreatic enzyme) and is present in blood corpuscles and other tissues. It activates the Thrombin (fibrin ferment from its mother substance (pro-thrombin or Thrombogen) Thrombo kinase is the Zymoplastic or Thrombo-plastic substance (cephalin).

(8) *Pro-antithrombin* is the mother substance of anti-thrombin present in blood serum. It is converted into anti-thrombin in the liver by the action of Heparin.

All these derivation of Pitta and Rakta are formed in abnormal quantities (in excess or less than normal) in Rakta-pitta.

How coagulation is prevented and susceptibility to hæmorrhage increased in Rakta-pitta.

When Pitta Endocrine hyperfunctions, the hormone "heparin" is produced in excess, which combines on the one hand with pro-anti thrombin present in the blood stream, which is converted into excess of anti-thrombin in the liver which neutralises the thrombin, which on the other hand prevents activation of prothombin into thrombin. Thus for double reason there is less thrombin available in the circulation to convert Fibrinogen into fibrin. Further the Liver regulates the Fibrinogen balance of the blood and there is less Fibrinogen present than in normal condition when Liver dysfunctions. Probably all these three factors make the blood more fluid, reduce its coagulation power and increases liability to hæmorrhage.

The influence of other Endocrines besides the Liver in Hæmorrhage.

(1) *The Spleen* :—The over activity of the spleenic cells causes increased lysis of platelets, lack of coagulation power and inability of the clot to retract in purpura, Banti's disease and hæmolysis generally as also induces a hæmorrhagic diathesis in Malaria, Kala-azar, etc.

In the Yunani system of medicine the spleen is considered as an Endocrine and its hormone is called "Souda" (literally translated as black bile) just as liver is considered as another endocrine and its hormone is called 'Sofra" (literally translated as yellow bile). The Pitta of Ayurveda indicates Sofra Souda and a number of other hormones of the katabolic group of endo crines.

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(2) *The Ovary* :—The assocoiation of menorrhagia with absence of platelets (in Steppni's case) with enlarged spleen, on the one hand, and the reduction of platelets with the appearance of corpus luteum when the spleen is normal on the other, points to the relationship between spleen, ovary and hæmorrhage.

Hæmophilia is anti-thrombinuria. There is relatively decreased quantity of Fibrin ferment or Thrombin and increased quantity of anti-thrombin inducing liability to hæmorrhage by reducing the power of coagulation as already noted. We have seen the activation of anti-thrombin is performed by the heparin, the liver hormone. This process is regulated by the gonads.

Extract of corpus luteum increases activity and possibly increased production of tissue fluid in a given locality, so as to influence blood in another locality. This influence caused the passage of a quantity of Cyto-enzyme from the tissues to blood as well as diminishes the production of auto thrombin. In hæmophilia this cyto-enzyme (Prothombin) is reduced. The same effect is produced by injection of corpus luteum extract locally Coagubility is increased in pregnancy due to absence of fresh corpus luteum formation.

(3) *Thyroid* :—Lack of thyroid secretion induces hæmorrhage (menorrhagia) – Bottaro cured a case of hæmorrhagic syndrome in a woman by thyroid.

The viscosity of blood is usually lowered as that coagulation time is delayed due to increase of anti-thrombin content of the blood in hypo-thyroidism Hæmmorrhage therefore takes place from skin or mucous surfaces e g., hæmatemesis, melæna pupura, etc.

(4) *Parathyroid* :—This regulates calcium metabolism, *i e.*, increases calcium content of blood. Harrower has shown that such calcium is quickly passed in the urine, but if spleenic extract is given at the same time, the calcium is fixed in the blood, that is there is increase of calcium content in the blood. We have already studied the role of calcium in coagulation process. In Raktapitta there is increased acidosis and the blood is deprived of its calcium content. Parathyroid checks this increased acidosis due to hyper-excitatiou of Pitta.

Effect of hæmorrhage locally.

If hæmorrhage inside the tissues and organs is slight it is completely absorbed having no trace or the removal of extravaseted blood may be accompanied by deposition of pigment.

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In not a few cases of hæmorrhage inside glands, secondary processes of degeneration takes place, *i.e.*, fatty, hydropic and even fibrous and atrophy.

Hæmorrhage from different sites.

Hæmorrhage may take place :—
From nose (Epistaxis)
From gums (Bleeding gums)
From Lung (Hæmoptysis)
From stomach (Hæmatemesis)
From intestines (Blood per anum and melæna).
From urinary organs (Haematuria).
From genital organs in female (Menorrhœgia, Metorrhagia, nutrostaxis).
From eye (Retinal).
From skin or subcutaneous (Purpura).

Ayurveda had stated that hæmorrhage under the skin is often of great import. Modern medicine confirms it.

Almost any condition in which there are pyogenic micro-organisms or their toxins circulating in the blood stream may be associated with extensive purpura, *i.e.*, Pyæmia and Septicimæa in general, *i.e.*, Fungating Endocarditis, Pyorrhœa alveolaris, etc.

In the majority of acute fever, the occurrence of purpura is of prognostic siguificance. In diphtheria even a single well defined purpuric spot is of gravamen. The same applies to Measles, Scarlet fever, etc. Cerebro-spinal fever is some times called spotted fever on account of multiple purpuric spots

Small pox presents 3 kinds of cutaneous hæmorrhage :—(a) into the pustules at a late stage ; (b) between the pustules, vesicles and pupules prognosis is not good ; (c) a hæmorrhagic eruption in the prodromal stage, where the patient is sure to die.

Purpuric hæmorrhage may occur in any case of Jaundice, Chronic alcoholism causing cirrhosis of liver or peripheral Neuritis.

It may occur in various blood diseases, *i.e.*, Scurvy, Hæmophilia, etc There is a variety of acute rheumatism associated with purpura called purpura rheumatica.

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There are 3 clinical varieties of purpura :—

(1) Purpura simplex—Hæmorrhage into skin only

(2) Purpura Hæmorrhagica—Hæmorrhage into skin and mucous membrane.

(3 Purpura Fulminaus.—It denotes a condition in which a person may seem perfectly healthy but may be seized with acute purpura and may be dead the next day. Bacteriological examination may reveal a bacterial cause in connection with tonsil, the gum in a state of septic gingivites or pyorrhœa, the uterus, the bowel (in fact local focus of infection in any organ of the body) or the circulating blood itself.

The severe prognosis of several cases of purpura, the association of such hæmorrhages with pitta and blood are shown clearly in the above diagnosis and further comment is unnecessary.

TREATMENT.

When hæmorrhage is not severe and patient strong don't attempt to abruptly stop this process of nature to remove the toxin with the hæmorrhage, for the object of treatment is to help nature. If the natural attempt is so severe in its manifestation that the patient's life is in danger, then strong hæmostaties are necessary.

OBITUARY.

—— o ——

We regret to announce the death of Kaviraj Kirana Chandra Kanthábharana, Secretary of the Indraprastha Vaidya Sabha and of the All India Ayurvedic Mahamandal Provincial Sabha. He died on Monday evening, the 28th December 1925, at the age of about 60 years. By his death the Sabha of Delhi is deprived of a Secretary.

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THE NADI SYSTEM IN AYURVEDIC MEDICINE, UPANISHADS AND TANTRIC LITERATURE

BY

EKENDRANATH GHOSH, M. D. (Cal.), F. Z. S. (Lond.), Etc.,

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(*Continued from our last issue.*)

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III.

It will be seen, that according to the most authorities, Alambusa may be identical with the sciatic nerve. But the other notes are more confusing and are against such a view.

(*j*) *Subha.* It is down-coursing and extends up to the end of the penis (1).

It may be the urethra

(*k*) *Kausiki.* It extends to the toes of the legs from the spinal column (1).

The nadi in question may be the sciatic nerve.

(*l*) *Sura.* It is placed between the eyebrows (2).

The *Sura* nadi might be the olfactory lobes.

(*m*) *Baka.* It is placed in the nose (2).

Nothing can be definitely said of this nadi.

(*n*) *Biswodari* (*Sakti nadi*). (*i*) It takes food (2) and is connected with mouth (12, 13, 19). (*ii*) It is placed along the spinal column (in the trunk) (4 . (*iii*) It is placed in front of *Sushumna*, *Ida* and *Hastijihba* (10) between *Kuhu* and *Hastijihba* (4, 12, 13, 19). (*iv* It is placed on the left side. (*v*) The Sakti-nadi extends from the anal aperture to the throat. It is placed between *Gandhari* and *Hastijihba.* The upper portion is placed on the dorsal aspect of the trachea and in the abdomen it takes three and one-half turns. At the end of the upper portion is the *Amashaya* (the first abdominal portion) which forms a receptacle for raw food materials The second (abdominal) portion is known as *Pachyamanashaya* or *agnyashaya* and is placed in the *vasti-gahbara* (abdominal cavity). The third abdominal portion begins from the right side and passes round the abdominal cavity. It contains foecal matter.

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The nadi in question is the alimentary canal. The upper portion is the æsophagus. The amashaya is the stomach. The pachyamanashaya is the small intestine and the last portion is the large intestine.

(*o*) *Payaswini* (*Bodhini*). It is described in the following way in the different treatises :—

(*i*) It extends to the end of the right ear (4, 5, 13), to the right eye (8) and to the right leg (5).

(*ii*) It is placed lateralwise (17). between *Gandhari* and *Saraswati* (8), between *Pusha* and *Saraswati* (19), and between *Sushumna* and *pingala* (10). (*iii*) It carries impure blood (8). (*iv*) It is concerned in psychical functions (15).

The nadi in question may be the cavernous sinus according to the greater number of authorities.

(*p*) *Saraswati* (*Bharati*). (*i*) It goes upwards (4) to the tongue (2, 4, 5, 7, 8, 13, 15, 19) and is concerned in the sensation of taste (7). (*ii*) It is placed on the side and dorsal aspect of the *Sushumna* (5, 8), on the posterior side (corner) of the Sushumna (10), and is also connected with it (18). (*iii*) It is white in colour (15). (*iv*) It is placed in connection with the mouth opening (16).

It is probably the hypoglossal nerve.

(*q*) *Kuhu*, *Kuhaki*. (*i*) It is placed below the navel and is concerned in defecation (2). (*ii*) It is placed in the pelvic region (3). (*iii*) It is placed in front of the *Sushumna* and Baka nadi and courses upwards and downwards to the right nose (4). (*iv*) It is placed on the back and side of the *Sushumna* (5). (*v*) It is placed in front of the Sushumna and extends to the end of the penis (5, 8, 12, 13). (*vi*) It is placed in the perineum (16). (*vii*) It is placed between *Alambusa* and *Sushumna* (10).

The nadi in question might be the lower terminal portion of the alimentary canal.

(*r*) *Varuni* (Kurma or *Jiva nadi*) (*i*) It is concerned in urination and is placed below the navel (2, 14) and at the end of the loin. (*ii*) It is placed in front of the *Sushumna* (8 and extends upwards and downwards from the *Kundalini* (the canal plexus or the coils of the intestine ?) to all parts of the body (5, 8, 19, 13). (*iii*) It is placed between *Yasaswini* and *Kuhu* (4, 5, 8, 13, 19) and between *Sushumna* and *Alambusa* (10). *iv*) The *Kurma* nadi is placed below the depression of the neck (suprasternal notch) and is shaped like the tortoise (6, 8). (*v*) The *Jiva nadi* remains in

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the body like a trunk with the *Dhamani* and *Bodhini* as climbers to it. Thus they run together being provided with the three main bodily functions (*Vayu*, *Pitta* and *Kapha*). The mouth of the tortoise is placed in the pulse region, the neck in the navel, the heart in the heart, the hands in the legs, the legs in the hands, the navel in the neck and the tail in the head of the human body (20).

The present *nadi* seems to be the entire arterial system with the heart and perhaps with the trachea. The *Kurma nadi* might be the heart itself. That an artery is usually accompained by a vein and a nerve is also clearly indicated. The *Kurma* has also been described in connection with the difference in the examination of the pulse in male and female subjects and may be identical with it.

(*s*) *Chitra*. This nadi is placed above the raphe (in the perineum) and helps in the discharge of semen (2). It is placed below the navel.

The Chitra may be the urethra.

(*t*) *Chitrini* extends to the left hand (14).

(*u*) *Padmini* extends to the right hand.

In this connection we may quote a few passages enumerating the presiding deities of the *Nadis*.

सुषुम्नाया शिवो देव इडाया देवता हरिः।
पिङ्गलाया विरिञ्चि स्यात् सरस्वत्या विराण्मुने॥
पुषाया देवता प्रोक्ता वारुणी वायु देवता।
हस्तिजिह्वाभिधायास्तु वरुण देवता भवेत्॥
यशस्विन्या रविर्देवो वरुणोलम्बुसापतिः।
कुहुकु देवता प्रोक्ता गान्धारी चन्द्र देवता॥
शङ्खिन्याश्चन्द्रमास्यादित् पयस्विन्या प्रजापतिः।
विश्वोदराभिधायास्तु भगवान् पावकः पतिः॥

Nadichakrabidhi, *Nadibijnana* (II. 5.)

Sushumna—Siva *Ida*—Hari *Pingala*—Birinchi. *Saraswati*—Biran (?). *Pusha*—Varuna. *Hastijihva*—Baruna. *Yasaswini*—Rabi. *Alambusa* - Baruna. *Kuhu* and *Gandhari* Chandra. *Sankhini*—Chandra. *Payaswini*—Prajapati. *Viswodari*—Agni.

Lastly, we come to consider the *pulsatile nadis* as studied by the authors of the various treatises on sphygmology.

(1) अङ्गुष्ठमूले करयोः पादयोर्गुल्फदेशतः।
कपालपार्श्वयोः षड्भ्यो नाडीभ्यो व्याधिनिर्णयः॥

Nadibijnana (II. 4), *Nadiprakarana*.

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(2) नाभौभिगे तथाङ्गुष्टमूलेष्वपिच शङ्खयोः।
ब्रह्मरन्ध्रे च सुखिनां समास्पन्दन्ति ताः स्फुटाः॥

Nadiparijnana (Atreya).

(3) शिरोनास्याग्रपृष्ठेषु नाडिकायां तथैव च।
द्वे द्वे स्थानेति वहति * * ॥

Nadilakshana.

(4) नाडीस्थानं हस्तशीर्षांघ्रिदेशे।

Nadipariksha (II 25).

(5) नाड्यस्तुयानि पात्कर्णा नासोपान्तसमाश्रिताः।
पादयोर्हस्तयो घ्राणमूलयोः कर्णमूलयोः॥
हस्तयोस्तु प्रकोष्ठान्ते मणिबन्धेऽङ्गुलित्रयं।
पादयोर्नाडिकास्थानं गुल्फस्याधोऽङ्गुलद्वयं।
कर्णकण्ठमूले द्व्यङ्गुलं स्यात् नासामूलाङ्गुलान्वितम्।
स्थानान्यष्टौतु नाडीनां तेषु प्राण व्यवस्थितः॥

Nadyutpatti [II 4.]

(6) नाड्योऽष्टौ पाणिपात्कण्ठ नासोपान्त समाश्रिताः।
पादयोर्नाडिका स्थानं हस्तयोश्चङ्गुलित्रयं॥
कण्ठसूलेऽङ्गुलिद्वयं नासामूलेऽङ्गुलार्द्धवं॥

Nadibijnaniya, Nadiprakasa (II 38)

(7) मूर्ध्निवाच्ये वहेन्नाडी कौमारे भ्रूयुगान्तरे॥
सदाकण्ठे च हृदयेशे कुक्षौ पार्श्वद्वये तथा॥
बाह्वोर्वर्षणयोर्मध्ये मध्येवयसि दृश्यते।

Nadibijnaniya.

(8) नाड्योऽष्टैस्तु.....समाश्रिताः (6)
एकैक पदयो पार्ष्णोर्द्वे कण्ठे च समाश्रिते॥
नासामूलस्थिते द्वे च नाड्येऽष्टौ शास्त्रचोदिता।
करमूलभुजमध्यमूर्द्धगत नासिकाजाता।
पादगुल्फतरा धमनी तासां करमूलजा श्रेष्ठा॥

Nadiprabodha

(9) अन्तःप्रकोष्ठवाह्यस्य मध्ये कापि समाश्रिता।
जीवनाडीति सा प्रोक्ता नन्दिना तत्त्ववेदिना॥

Nadi-jibana.

(10) करमूले पादमूले नाडी वहति दृश्यते।
अङ्गुष्ठमूलमाश्रित्य अङ्गुलत्रयमानकं।
यवस्य बीजमावेण नाडी सर्वाङ्ग सङ्गति॥

Nadinidana (II. 16).

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(11) कराङ्गुष्ठमूलोद्भवा प्राणभूता या नाड़िका।
नृणां रोगिणां साक्षिणी सौख्याभाजनं॥

Nadiprakash (II 41).

(12) कर्णमूलेऽङ्गुलद्वन्द्वं नासामूलेऽङ्गुलार्द्धकं।
एवमंव्यङ्गुलिद्वन्द्वमगत: कर्णरन्ध्रयो:॥

(13) पाणिपात्कर्णनासाक्षि कर्णजिह्वान्तं मेढ्रगा:।
वामदक्षिणतो लक्ष्या षोडश प्रारबोधका:॥

The pulsatile nadis are thus distributed in the body :—

(1) There is a *nadi* in the *brahmarandhra* (2), which is also referred to in two other treatises (7, 8) as the one to be found pulsating in the infant The pulsatile anterior fontanelle is evidently meant by both the passages.

(2) There is a *nadi* on each temple (1, 2, 3, 4) This refers to some large branch of the temporal artery.

(3) The nasal arch of the two angular arteries (of the facial artery) is referred to as a nadi between the two eyebrows capable of being examined in young persons (7).

(4) There are two *nadis* on the sides of the nose (5, 6, 8, 10)' The space of half a-finger's breadth is used for examination (10). It refers to the angular artery.

(5) There is a *nadi* in front of the ear (5). It occupies two fingers' breadth (12). It corresponds to the superficial temporal artery.

(6) There is a *nadi* in the neighbourhood of the eye (13). This may be the supraorbital artery.

(7) There is a *nadi* on the under surface of the tongue on each side (13). It corresponds to the terminal portion of the ranine artery. The pulsation can be easily felt behind a finger's breadth from the tip.

(8) There is a *nadi* in the neck on each side, two fingers' breadth above the root of the neck (6, 7, 8, 12). It is the common carotid artery.

(9) There is a *nadi* in the middle of the hand on each side (8, 9). It refers no doubt to the brachial artery at the bend of the elbow.

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(10) There is a *nadi* at the wrist (1, 2, 3, 5, 6, 8, 10, 11, 13) which is considered as the most suitable one for clinical examination. It occupies three fingers' breadth on the wrist at the base of the thumb (5, 6). Its pulsation is felt for the length of a barley grain (10). This is the radial artery.

(11) A *nadi* is mentioned in Nadipariksha (II. 20) placed high up along the thumb.

अङ्गुष्ठादुर्ध्वगं लग्ना समा च वहते यदि ।
निर्दोषा सा च विज्ञेया नाडीलक्षणकोविदैः ॥

This *nadi* no doubt refers to the superficial volar branch of the radial artery, when it becomes unusally large and thus allows clinical examination.

(12) The pulsation can be felt over the heart (9).

(13) There are two *nadis* in the neighbourhood of the navel (2, 3). These seem to be the two common iliac arteries.

(14) There is a pulsation which can be felt over each *kukshi* (inguinal region) (9). The pulsation is evidently due to the presence of the external iliac artery.

(15) There is a pulsation which can be felt on the sides (9). It is very difficult to locate the actual position from the vague note as *parswadesa*.

There is a *Nadi* on either side of the genitals (7, 13). It evidently corresponds to the femoral artery.

(17) There is a *Nadi* on the back of the thigh (3). Perhaps it refers to the popliteal artery.

(18) There is a *nadi* in the ankle (1, 4, 6, 8, 10, 13). It occupies two fingers' breadth below the ankle (8). It corresponds to the posterior tibial artery as it lies behind the inner malleolua.

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FOOD IN AYURVEDA

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V. 2-3

BY

ASHUTOSH ROY, L. M. S. (Hazaribagh).

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(*Continued from our last issue*).

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(d) *Temperament of Seasons.*

The year has been divided into six seasons varying with the nature of the country. Thus in cold and hilly climates there is less rainfall and winter season is 4 months in the year, divided into early and late winter. In plains marked with excess of rainfall, the rainy reason consists of 4 months. The other seasons are Basanta (Spring), Grishma (Summer) and Sarat (Autumn).

Effect of Season on Temperament.

There is a progressive lassitude of the body with the end of winter reaching its maximum in summer. With the end of Summer, the energy of the body begins to increase reaching its maximum in winter. This is due to variation of heat, the effect of the tropical sun in the respective seasons. As the power of digestion depends on the vitality of the body it is best in winter.

Relation of Season to "Doshas".

Early Winter—Pitta disappears, Vayu-Kapha appear.

Late Winter—Pitta normal, Vayu-Kapha slight.

Spring—Kapha in excess, the others normal.

Summer Kapha disappears, Vayu-Pitta slightly in excess.

Rains—All these Doshas are aggravated.

Autumn—Pitta appears in excess, Vayu-Kapha disappear.

"Vayu" which begins to be irritated in summer reaches its maximum of aggravation in the rains, gradually subsiding in autumn. It slowly appears in winter and steadily increases through summer.

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"Pitta" which begins to be irritated in the rains reaches its maximum in autumn, diminishing in winter and appearing again in summer.

"Kapha" which begins to be irritated in late winter reaches its maximum in spring and disappears in summer, but is aggravated in the rains disappearing again in autumn.

It is therefore enjoined to take the food appropriate for each season. The food should, therefore, be such as to check "Vayu" in the rains, "Pitta" in autumn and "Kapha in spring, before they are too much aggravated to manifest in symptoms of ill-health. If such a procedure is adopted, health will remain good throughout the year.

HOW IMPROPER FOOD AGGRAVATES THE DOSHAS AND THEIR RELATION TO SEASONS.

Improper food aggravates Doshas in two different ways :—

(*a*) Improper food of a season, taken during the season, aggravates the Dosha of the season. Thus light and astringent articles of diet taken in summer begin to aggravate 'Vayu" which, favoured by the season, reaches its maximum more readily with the advent of the rains, than if proper food had been taken. Similarly acid drinks and food aggravate Pitta when taken in excess in the rains, which reaches its maximum more readily with the advent of autumn than if proper food had been taken. Similarly cold and soothing things aggravate "Kapha" if taken in excess in winter and reaches its maximum with the advent of the spring.

Thus improper food of a season aggravates the "Dosha" of a season so much as to induce diseases. On the other hand, the proper food of a season, if taken, will keep down the aggravation of a Dosha peculiar to the season and thus health is maintained.

(*b*) Improper food taken out of season readily and early aggravates the "Dosha" of the season. Thus in early winter Pitta subsides and Kapha begins to get irritated. If, therefore, food heavy of digestion, cold and soothing are taken in winter, the aggravation of Kapha instead of waiting for its proper season, *viz.*, spring to reach its maximum and inducing seasonal disease, reaches its maximum out of season in winter and disease out of season (more dangerous than seasonal disease) result. The same is true of Vayu and Kapha.

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Improper food therefore affects health in three ways :—

(*a*) It aggravates the Dosha of a season and induces seasonal disease

(*b*) It hastens aggravation of a Dosha which appears earlier than its own season and causes diseases not seasonal and hence more dangerous, so far as prognosis and manifestations are concerned.

(*c*) The Dosha of a season is so much aggravated that it continues up to the next season, so that a seasonal disease becomes chronic.

Thus Pitta, for example, may be aggravated in its own season (Autumn) so much as to produce seasonal disease ; it may appear earlier, *e.g.*, during the rains and produce Pittaja diseases out of season in the rains ; it may continue till the next season, *e.g.*, winter so that the Pittaja disease continues and becomes chronic in its course. The same is true of Vayu and Kapha.

It may be noted that the rainy season is the worst time of the year as all the Doshas are then aggravated.

That diseases out of season are more severe and the prognosis worse than that of seasonal disease had not been noted in the modern West.

Proper Food of each Season.

1. *Hemanta* or Early Winter :—All the blood goes to the internal organs which become very active. The digestive organs share in the general activity. Foods which are not digested in any other season, are readily digested now. If, therefore, insufficient food is taken, it induces flatulence and tissue waste.

2. *Sisir* or Late Winter—The cold becomes more acute and "Vayu-Kapha" aggravated. To keep these in check, it is desirable to take pungent articles with diet and to avoid light and astringent food and drink, East wind, excess of liquid and cooling food and drink.

3. *Basanta* or Spring—"Vayu" which is slightly irritated in late winter is relieved by excess of secretion (Kapha irritation). Hence appetite is lessened and "Kaphaja" diseases prevail. It is, therefore, enjoined to adopt such procedures as will soothe the highly irritated "Kapha". This can be done by avoiding food heavy of digestion, cold, acid, sweet and soothing and sleep at

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daytime. It is desirable to take athletic exercises, hot water to drink, food of bitter, pungent and astringent taste, e.g., young Neem leaves are good to check eruptive fevers prevalent in this season. Take old wheat and old rice, deer's flesh and light wines prepared from fruit juice.

4. *Grishma* or Summer—The 'Kapha" irritation is checked but the "Vayu" depression continues as evidenced by depression of the Nervous system, e.g., progressive lassitude, weak digestive power, etc. The best food to take consists of cold liquid and soothing things, fruit "sherbat" and other cooling drinks, a little meat soup (meat should be avoided), a little "ghee" (clarified butter), milk, rice of "Dadhkhani" or "Raktashali" variety, saline, pungent, sweet and acid things, cold bath, remaining in a cold room during the heat of day and sleeping in the open at night. Avoid all sorts of athletic exercises, direct sun's heat, hot water, wine and coition.

It is interesting to compare the above with a modern medical opinion on the subject :—

Lieutenant-Colonel Barnaado, Principal, Calcutta Medical College, had recently (last summer) stated in the following terms the precautions to be taken against the ill-effects of heat of summer :—

"Take frequent baths, use loose clothing, proper protection of the head and neck. Take food at regular intervals. Drink as much fluid as the body can take between meals, long before any appearance of thirst, water iced in preference should be drunk. The bowels must be cleared with the greatest precaution every day. Not more food should be taken in hot weather than 2/3rds of the normal (cold weather quantity). The stomach should never be filled. Tea and coffee must be cut down to minimum. No meat at all should be taken. Fish or egg only once a day, absolutely no alcohol."

5. *Barsa* or the Rains—The lassitude of the body continues and the digestive system is further weakened. Water taken in excess in this season induces acidity. Vayu is excessively deranged, as also the other two Doshas. We must, therefore, be very strict in the choice of food, for diseases are more rampant at this time of the year. Avoid damp room, exercise, sleep at day-time, river and surface water and direct sun's rays. When water is particularly bad, take acid or alkaline dry and light soothing

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articles of diet. Ordinarily to check 'Vayu" take acid, salty and fatty things. Take old rice, meat soup with fat and condiments, soup of mug (phaseolus mungo), whey, wine prepared from old honey, rain water, deep-well water, heated and cooled, old barley, old wheat and sweets.

6. *Sarat* or Autumn—"Pitta" is excited and there is good appetite. Take sweet, light, acid, bitter and other "Pitta"-checking articles of diet. Ghee (clarified butter) with bitters, rice, soup of phaseolus mungo, sugar, embelic myrobalum, patole (tricosanthus dioica), bird, deer, rabbit and sheep's meat; water is generally good in this season and moon's rays delightful at night, while the sky is generally clear. All these should be enjoined. Avoid fat, oil, dew, "Khira" (milk boiled and condensed) and "Dahi" (curd), sleep at day time, east wind, salty things, full meal, sun's rays and strong wines.

The following should be remembered in this connection :—

(*a*) Generally make a habit to take all kinds of food of different tastes in each season but take the proper food of a season more than the rest.

(*b*) Seven days before and seven days after the junction of two consecutive seasons is the period to gradually change the food of one season to that of another, for an abrupt change will produce ill health.

(*c*) Nature is bountiful in providing fruits and vegetables appropriate for each season in India, which should be taken advantage of by an intelligent person.

Directions for Selection of Food in Each Season.

For a lay man having no knowledge of the Tridosha of the Ayurveda, the following rules are given :—

Acid—aggravated in the Rains—to be avoided.			
Saline	,,	Autumn	,,
Sweet	,,	Early Winter	,,
Bitter	,,	Late Winter	,,
Astringent	,,	Spring	,,
Pungent	,,	Summer	,,

Take sweet, acid and saline foods in the Rains to check Vayu.
,, Sweet, bitter and astringent foods in Autumn ,, Pitta.
,, Bitter, pungent & astringent foods in Spring ,, Kapha.

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(e) *Temperament of Climate.*

In India there are varieties of climates though the extreme types (of Lapland and Equator) are wanting.

In the Ayurveda the country is divided into three groups :—

(*i*) *Anupa* or marshy—rainfall is in excess, Vayu-Kapha diseases are common.

(*ii*) *Jangal* or hilly—more cold in winter and more hot in summer. Vayu-Pitta diseases are common.

(*iii*) *Sadharan* or plains—the best place to live in.

Food should, therefore, be regulated according to the nature of the country, both in health and disease. Thus rice-producing Bengal and Madras show us that rice should be the staple food of the people of these places. Wheat-producing up-country and the Punjab show that wheat should be the staple food of people of those places and so on.

It may here be noted that while Ayurveda deals with suitable quality of food, appropriate for each individual in the different seasons in the different provinces, it also gives clear directions as to the quantity to be taken. Never take a belly-full of food at a time, half of the stomach should be filled with food, a quarter with water, and the remaining should remain unfilled for free (churning) movement of the stomach. Ayurveda enjoins two principal meals in 24 hours.

(*f*) *Influence of Moon on Temperament.*

Ayurveda believes that the moon has influence on human body just like the sun. The influence of the moon's rays is cooling and soothing and thus aggravates Kapha and upsets the Tridosha equilibrium.

Hence it is enjoined to avoid certain specified articles of diet in each "Tithi" (phase of the moon) as follows :—

1st day of moon or no moon			—avoid	Pumpkin.
2nd day	...	...	,,	Brihati (Solanum Indicum)
3rd day	...	...	,,	Patole (Tricosanthus Dioica)
4th day	...	...	,,	Radish
5th day	...	...	,,	Bael fruit (Oegle marmelos)

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6th day	...	...	avoid Neem leaves
7th day	...	...	,, "Tal" (Palm) fruit
8th day	...	...	,, Fish, meat, oil & cocoanut
9th day	...	...	,, Gourd ("Lau")
10th day	...	...	,, Kalmisag (convolvulus Ripens)
11th day	...	...	,, Sim (Dolichos)
12th day	...	...	,, Puisag (Baselia Rubra)
13th day	...	...	,, Brinjal
14th day	...	...	,, Mashkalai (Phaseolus Roxburghi)
15th day	(full or no moon)—		,, Fish, meat, oil.

It is further enjoined to observe absolute fast on two days in the month, the Ekadashi days (11th day of moon) and to observe semi-fast on two other days in the month *i. e.*, (Purnima or the full-moon and Amabasya or no-moon days) in certain cases.

Why there should be complete fast on the Ekadashi days and semi-fast on the full-moon and no-moon days.

This is a question which naturally arises in the minds of Indians trained in the Western system. The question is one of pure mathematics.

If we assume that the derangement produced by each Tithi is of the same degree as the number of Tithies we find that from 1st to 10th Tithis—derangement is $\frac{1}{15}, \frac{2}{15}, \ldots\ldots \frac{10}{15}$ totalling $\frac{55}{15}$.

,, 12th to 15th Tithis—derangement is $\frac{12}{15}$,, $\frac{13}{15}$, $\frac{14}{15}$, $\frac{15}{15}$, totalling $\frac{54}{15}$.

So that Ekadashi is the middle of the Tithies so far as moon's effect in deranging Doshas are concerned. Hence complete fast is advised on that day. Following a full day's fast, the deranged Dosha is corrected, but aggravated almost to the same extent on the 15th Tithi. As the period after the Ekadashi is much shorter, just semi-fast is enjoined.

Langhan or Fasting in Ayurveda.

Ayurveda had very early recognised the benefit of fasting in health as already noted. It is also recommended in acute fevers and in acute diseases in which the Am-rasa (chyle) is deranged

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resulting in auto-intoxication from the intestines. This is a very recent acquisition of modern West.

EFFECT OF FASTING IN AYURVEDA.

By correcting the deranged chyle fasting removes the derangement of the three Doshas, fever disappears, anorexia is corrected, body gets lighter, nervous system is stimulated, energy is restored and health returns to normal. Drinking of water is allowed during a fast.

HOW LONG FASTING IS TO BE CONTINUED.

It should be continued till wind, urine and fæces are properly passed (modern Medicine advises mild saline to help the above actions) resulting in lightness of body and easy actions of the heart, eructation, clearing of mouth and throat, disappearance of lassitude and sleepiness, clearing of the mind, free perspiration and return of appetite. This is the time to stop fasting and give food.

SYMPTOMS OF INSUFFICIENT FASTING.

If insufficient, there is left some nausea, the watery discharge from the eyes continue while mouth, throat and chest are not cleared.

SYMPTOMS OF OVERFASTING.

If it be more than what is necessary for the patient, there occurs spasms of the muscles of the extremities, pain all over the body, pain in the joints, which is very severe, cough, ulcer in mouth, loss of appetite after its return, return of anorexia, severe thirst, weakness of sight and hearing, disturbance of mind, excess of eructation, yawning, buzzing in the ears, impairment of digestive functions and weakness in general (in short, the symptoms of generalised acidosis of modern Medicine).

Fasting should never be pushed in disease to weaken the patient for the vitality and power of resistance to disease is thereby lowered.

CONTRAINDICATIONS FOR FASTING.

It should be avoided in fevers with much wasting of tissues, in emotional fevers, fevers as a result of great physical strain, surgical and accidental fevers ; it is also contraindicated in the insane, in case of persons hungry and thirsty, in children, old men, weak and debilitated individuals and pregnant women and nervous individuals.

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Food after Fasting.

As soon as fasting is over, give light and easily digestible foods. Thus after light fasting give soup of Phaseolus mungo and thin rice gruel; after moderate fasting give the above mentioned foods with digestives if necessary; after severe fast, give fruit juice and then medicated foods.

As strength is increased and appetite returns, make the rice gruel thick. Don't give rice gruel after fasting in "Kaphaja" fever. Milk, medicated, is indicated after fasting in acute and chronic conditions. Whey which is lighter is indicated after a fast, not "dahi" which is heavy of digestion.

It is interesting to note the modern ideas about fasting in some diseases.

Joslin's advice to a diabetic after he is sugar-free by Allen and Joslin's Diet is as follows: "Whether sugar reappears or not in the urine, it is desirable upon one day each week to rest the functions of the body which control the assimilation of sugar by either a complete fast day or a diet of low caloric value" (semi-fast).

Considering that prevention is better than cure, one is tempted to enquire whether the ancient Hindu physicians advised fasting in Ekadasi and semi-fasting in Purnima and Amabasya days to prevent dyspepsia and diabetes amongst their people where the dietary is more fat and sweet (one-sided) and too little nitrogen. Be that as it may, if the present generation follows this golden maxim of old Ayurveda, many a sad break-downs in health and premature death amongst our nation will be prevented.

Sands (B. M. J. epitome, November 12, 1904) read a paper on *Prolonged fasting in the treatment of acute diseases*. Here "the digestive powers are in abeyance in proportion to the severity of the disease and too frequently the patient is overfed. This aggravates the condition of the patient by setting up intestinal indigestion with resulting toxæmia. Food is imperfectly digested during acute intestinal diseases and feeding is therefore bad, as it only adds to the gastro-intestinal disturbance. During 21 years he had gone to the other extreme of withholding all food during the active stage of acute diseases. He reviewed the beneficial effect in treating Typhoid where he withholds food sometimes for 21 days. His experience has shown that there is in such cases as tympanites and no diarrhœa, while the temperature is usually 2 or 3 degrees lower than is common intyphoid". In the

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discussion that followed, Wiggins said that *Sepsis* is a condition in which it is not advisable to feed the patient and fasting is valuable in such condition.

Major Austin R. A. M. C. (I. M. G. September 1919) has stated that during the Influenza Epidemic of 1918, twenty of his bad cases lived on nothing but water, toast water, soda water or a little weak tea for 4 to 6 days after which the appetite manifested itself and food was allowed. On the first day some vegetable soup and fruit, and on the second day toast and butter was given in addition. Later on some fish or chicken with plenty of cooked vegetables. The only drugs used were a saline purge daily during the period of fasting and Sodi Bicarb gr. xx three times a day (to check acidosis). Within 8 to 10 days all these cases were fit and strong to return to work and they had natural appetite for even the plainest of foods. He adds that he was not fortunate with other cases of Influenza who had *text-book diet*, viz., milk, beeftea, egg-flip, from the beginning. Few of these escaped the *text-book complications*, e.g., gastritis, bronchitis, pleurisy or pneumonia. Most of them were unfit for duty for 2 to 3 weeks, some even longer.

"He found milk, Benger's food, egg-flips nutrient enimata, the so-called easily digested forms of nourishment given during the disease are harmful, if not positively injurious. The severity and duration of the disability and its attendant weakness were not lessened, but undoubtedly increased and unduly prolonged for *the system had to do double work, elimination of toxin of disease and toxin from undigested food.*" Major Austin "made use of this valuable remedy (fasting) in the treatment of all diseases" and he "considers it a general factor of cure like rest, free supply of morning air and asepsis in surgery."

"Amongst chronic diseases and symptoms" Major Austin "cured" by restricted diet, cases of anæmia, asthma, angina pectoris, bronchitis, constipation, nasal and pharyngeal catarrh, colites, diabetes, dyspepsias of various types, dysentery, gout, high B. P., headache, hæmatemesis, lumbago, neurites, neursthenia of toxic origin, sciatica etc. He adds that these ideas of nutrition are *revolutionary* to a degree (I. M. G. June 1918).

These bold views of nutrition of Sand and Austin are no doubt revolutionary in modern Western medicine, but not so in ancient Ayurveda. Original thinkers and great clinical observers can appreciate Ayurveda and not those who move in routine grooves

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and have a narrow outlook and cannot find everything useful outside their own system of treatment.

That the various factors, diet, age, individuality, season and climate, time of the day, etc., affect an individual's temperament and health by favourably or otherwise affecting the sympathetic Endocrinology or Tridosha of Ayurveda has only recently been recognised in modern Western medicine.

Thus Friedenburg (Barker's Endocrinology and Metabolism) states that "there is no endocrine factor, not only in diet and drug but in heat and cold, rest and exercise, sleep and waking, sun and shade. All nature's telluric influences act on and by the complicated system of the glands of internal secretion. How else can we attempt to explain the *systemic effects* of such influences, wind, weather, altitude, climate, seasonal influences, geographical distributions of diseases," etc.

"Complex metabolic processes and reactions of the organisms may be, in the last analysis, dependent on much simpler factors such as physiological plus or minus of acid or alkali in tissues and secretions. This view would endow vitamines as well as hormones with the eminent faculty of controlling acid and alkali balance" (Ibid).

Regarding seasonal incidence of diseases, Friedenburg states that the prevalence of certain diseases at a certain time of the year has been generally attributed to prolonged heat or cold, bad hygienic condition such as overcrowding, defective mutilation, lack of food, gastro-intestinal toxæmia from these factors as well as from constipation and lack of exercise. The practical validity of this assumption has been shown in some cases by the beneficial effect of hygienic and dietetic regulation, yet a link is missing in the pathogenic or etiological chain. The modus operandi is not made clear by references to such factors as intestinal auto-intoxication, anæmia or indicanuria only.

"There is reason to believe that all the agencies mentioned above bring about a deficiency of hormone secretion and seasonal disease can be benefited by endocrine therapy. It is quite probable that apart from this there is a seasonal ebb and flow of endocrines (Ayurveda states that besides there is a diurnal ebb and flow) depending on climatic and temperature factors as well as the needs of organism". (Ibid)

(*To be continued.*)

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SOME CLAIMS OF AYURVEDA.

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(Continued from our last issue).

III

6. Arsenic prepared in the Ayurvedic way, according to Dr. Sen, is much superior to its modern preparation.

Sadhus who take it regularly in very small daily doses mixed with fatty substances keep better health.

Mixed with Nux-vomica it is very good in fermentative dyspepsia of non-meat eaters. The cumulative action is prevented by taking with the three myrobolans.

It is surprising, says Dr. Sen, how fatty acids are readily digested by small doses of Arsenic.

It had been used by Dr. Sen, with success, in atonic dyspepsia and dilatation of the stomach, in chronic Liver-complaints, in irritable state of the digestive tract, causing excessive peristalsis (Lienteric Diarrhœa.)

It is beneficial with opium in chronic diarrhœa with general anasarca, when only milk is given and salt and water are cut off completely.

7. Gold is a valuable Nervine tonic. With purified anacardium (Dhobies' nut) and fatty food, Dr. Sen had found it very valuable in nervous exhaustion following cerebro-spinal meningites (e.g., tremors of the extremities.) It steadies brain function in the disease.

8. Minerals do not produce full effects unless given in combination with vegetables or animal compounds (organic form) according to Dr. Sen.

This is also the modern idea where hæmoglobin is preferred to metallic Iron. Soamine is preferred to arsenic, orchitic substance to glycophosphates.

Combinations.

The beauty of Ayurvedic prescriptions, says Mahamahopadhyaya Gananath, is not in individual drugs but in combinations. These can be very well studied by their chemical use.

There are certain specific combinations in Ayurveda

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The five Salts (antacids).
Brihat Panchamul (in arthritic diathesis)
Svalpa Panchamul (in exudative diathesis)
Dasamul in vagotonia.
The five carminatives
The three myrobalans (purgatives) and so an.

Regarding the lengthy Ayurvedic combinations, the late Dr Sen remarked that it is foolish to ignore their clinical action which have stood the test of ages; simply because chemistry can not make any headway out of them.

In the West compound prescriptions are regarded as shot-gun, because in the West the combinations were not so scientific, due to want of detailed knowledge of the action of drugs (vide Editorial. Lancet, Drug effects, single and combined, September 26, 1914.) The present tendency in the West is towards simplicity. The complex combinations are left to the Chemists and Druggists. This is not the case with the Ayurvedists who have made a special study of combinations.

Organo-therapeutic preparations.

Several of them were known in Ayurveda.

The internal secretion of testes (ojah) increases vitality and natural resistance. (Vide Testes as an Endocrine in Ayurveda.—Dr. A. T. Roy, Indian Medical Record, June 1925.)

It is considered as soothing to the sexual system.

Ayurveda has made a special study of testicular hormone which circulates with the blood.

Rasayanas are combinations of drugs in Ayurveda which increase the total quantity of testicular hormone in the body and promote bodily and mental vigour.

The bile is good in Liver disease. A special combination of the bile of 5 animals is recommended to be used together in Ayurveda.

The urine of calf which lives on mother's milk only is recommended in Infantile Liver. The urate stimulates the Liver.

Western medical men laugh at Ayurveda prescribing such organic substances as fat, bile, marrow, blood, flesh, urine and hoof of deer, etc., when they themselvs use those organic substances.

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Research of Indigenous Drugs.

The action of drugs may be studied from chemico-pharmaceutical, pharmaco-endocrinological, biochemic and biological points of view. When each drug is thus studied, its various therapeutic properties will be apparent. Ayurveda has investigated drugs from pharmaco-endocrinological point of view only.

How further research on Modern Lines will Help us.

There are many a drug like *chaulmugra* which in the hands of men like Sir Leonard Rogers will prove to be of much service to mankind.

Dr. L. Ghosal found *arjuna* to act like digitalis as well as adrenalin. Major Chopra found that *punarnava* is specially valuable in ascitis due to liver and so on

Enough had been stated to show what valuable results will follow the study of Ayurvedic drugs and combinations and re investigation on modern lines.

Ayurvedic Pathology.

A cell becomes pathological or diseased when the equilibrium of Tridosha (Vayu, Pitta and Kapha) is upset.

Taking a cell as a centre, while physiologically the centripetal force which carries food material to the cell is constructive and the centrifugal force which carries away products (waste) from the cell is destructive (from the broad point of view of loss), pathologically the action is just the reverse, *viz.*, the centripetal force carries the agents of disease to the cell from the periphery (outside or inside the body) and is thus destructive, while the centrifugal force which carries away the agents of disease from the cell is constructive and preservative.

According to Ayurveda, "disease first affects the inner man (purusha) and spreads to the periphery (different regions of the body). This centripetal flow of disease is part of the universal law. The shock is first felt at the centre of vitality when malaise is felt" (Dr. S. N. Gossain in Vishagratna's Sushruta).

"This is also Hahnemann's theory. It is when only the self-acting vital force is deranged by dynamic influence of a morbic agent inimical to life that disease results" (Ibid).

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The vital force or cosmic force has various manifestations. In the body it is microcosmic force and has somewhat limited manifestation within the human body. To have a clear understanding of the vital force in our body, it has been divided in Ayurveda into three forces regulative, destructive and constructive or Vayu, Pitta and Kapha.

The Tridosha thaory of Ayurveda bears the closest analogy to the sympathetic endocrinology in which resides vital force in all its aspects, regulative, destructive and constructive. The Tridosha supplies the keys to unlock the inherent ideas of sympathetic endocrinology.

All these theories of Auurveda, Homœopathy and Sympathetic-Endocrinology of modern Western Medicine are based on the same principle, *viz.*, the view point of the soil (human body) and not the seed (the agents of disease.)

'The ancient Ayurvedic physicians had taken the broadest outlook of the sympathetic endocrines in their Tridosha theory. Every phenomena of health and disease had been explained on this basis; diagnosis and treatment of diseases, action of food and drugs, individual peculiarities and idiosyncrasies, the effects of environments and the mode of living are all discussed on this basis—the latest theory of modern Western scientific medicine (A. T. Roy, Antiseptic, Madras, October 1922.)

All these three theories of Ayurveda, Homœopathy and Allopathy take into account the soul. The inner man of Ayurveda, the self-acting vital force of Hahnemann are different aspects of the soul. So far as endocrinology is concerned, it also takes into account the soul.

"In studying to unravel their mysteries we are ever and anon on the trail of the Great Secret" (Leonard Williams on Endocrine Glands).

"In studying the glands of internal secretion we are on different grounds, almost on holy grounds". (T. B. Scott).

Hence it is incorrect for any layman to assume that the present-day physicians of every school do not take the soul into account

How Disease Results.

"We know that man is a bundle of nerves in a world (our environments outside and inside us) which is continually stimulat-

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ing us with their impulses. Every cell of the body is continuously acting and reacting in a greater or less degree to every impulse coming from outside or originating inside the body. Thus external and internal toxins may equally affect us and unless they are repelled, they induce disease. In health sufficient protection is afforded from useless and dangerous stimuli. In disease it is otherwise. (As soon as the agents of disease affect any part of our body, the news is transmitted by Vayu or Nerve force to the Inner man who sends appropriate orders to the different Endocrines (Pitta and Kapha) to act and repel the agent of disease). So long as the Vayu, Pitta and Kapha are intact and working in equilibrium, disease can not affect us". (A. T. Roy, Pantherapist, December 1923).

The agents of disease fight to get an entry and lodgement and the first to suffer are the Vayu, Pitta and Kapha. Hence in acute diseases there may be derangement of Vayu, Pitta or Kapha, singly or in combination. Later on the tissues (Dhatus) are affected and the disease becomes chronic

Thus in Rakta-pitta, the agent of disease affect first the "Pitta dosha" and then the "Rakta-dhatu" when we get the clinical entity known as Rakta-pitta of Ayurveda.

In disease there are two factors, the soil and the seed The former is fixed, the latter is variable. Western pathology is based on the variable factor and it is therefore "continually shifting," says Captain Srinibasamurti Eastern pathology is based on a fixed factor and hence it can be improved, but can not be changed. Hence Cox, the able English translator of Hippocratus and Galen remarked that "the edifice we have raised is not more stable than what the ancients have done".

Modern scientific West has therefore studied disease from an entirely different angle from the ancient unscientific East and West. Verily one is forcibly reminded of the well-known English proverb "We think our fathers fools so wise we grow".

(To be continued).

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Medical News and Notes.

—:o:—

EXAMINATIONS OF ALL-INDIA AYURVEDA VIDYAPEETH.

Prior to this, the Head Office of All India Ayurved Vidyapeeth was at Madras but now it has come over to Cawnpore; and hence all the arrangements for examinations are being transacted through Cawnpore Office.

These examinations will begin from the coming First Chaitra Krishna 7th Saturday Sambat 1982 *i.e* 6th March of 1926.

Every day, first Paper from 9 A. M to 12 Noon.

Second Paper, after one hour interval, from 1 P. M. to 4 P. M.

All the examinees should reach their centres on the 5th of March and having seen their respective seats acquire Tickets for admission from the superintendent, and see that they may be able to attend at least quarter of an hour before the examinations begin. Students coming late will not be allowed to enter the examination hall.

There shall be three different examinations. First Bhishak examination, papers of which will be in easy Sanskrit, but examinees can write the answers in their provincial Hindustani language. There are eight papers in this examination.

The second examination will be of Ayurved Bisharad with nine papers, answers to which are to be written in Deo Nagri Lipi and Sanskrit. The third examination will be of Ayurvedacharyya with eleven papers, answers to which shall be written in Deo Nagri Lipi and Sanskrit.

After all the examinations are over, every student shall have to appear in oral examinations. Further enquiries should be made through the office by sending reply cards or by personal interview with the Secretary.

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The addresses of the superintendents of these centres are obtainable from the Vidyapeeth office.

Every examinee is to appear at his nearest centre to suit his own convenience.

RAJVAIDYA PT. KISHORI DUTTA SHASTRI,
Secretary, ALL-INDIA AYURVEDA VIDYAPEETH.
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RESHIKUL HARDWAR.

The Secretary of Reshikul Hardwar writes :—

A meeting of the Board of Directors of Reshikul Hardwar was held in Reshikul Office from the 6th January to the 8th January, 1926, in which several proposals for the progress of Reshikul and its branch—Reshikul Ayurvedic College were discussed.

Gentlemen interested in Reshikul will be pleased to learn that the Reshikul has been making steady progress since the appointment of the Board of Directors. Endeavours are being made to increase the Reserve Fund of Reshikul, and to erect a Boarding House for the Boarders of Ayurvedic College at Hardwar, whose number is steadily increasing. The Ayurvedic and Unani Committee appointed by the U P. Government paid a visit to Reshikul on the 15th November 1925, and were much satisfied with the working of the institution. The President, R. Gokarnnathji Misra, Judge, Chief Court, Oudh, recorded the following remarks in the visitor's book.

"I came here in connection with the Ayurvedic and Unani Committee which has been appointed by the U. P. Government and is at present touring throughout the province to see the places where teaching in Ayurveda is imparted. I saw the Reshikul Ayurvedic Patshala and also the Sanskrit Department. The Brahmacharies gave the members of the Committee a very hearty welcome. I went round the whole place, saw their lecture rooms, their boarding house, their library, their Hawan Kund and their dispensary, in short, everything connected with the Reshikul. I was pleased with every thing I saw. The place was well kept and thoroughly clean. The instruction in Vedas is excellent. I wish the institution every success."

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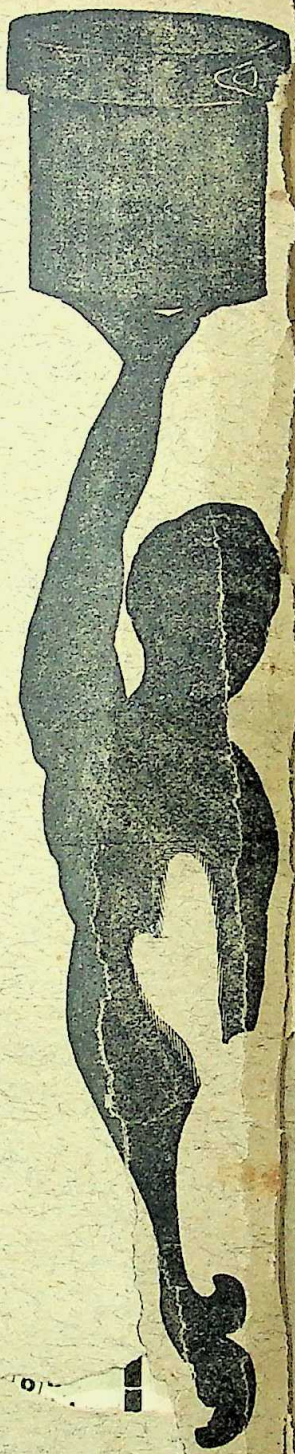
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The Journal of Ayurveda

or the Hindu System of Medicine.

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THE JOURNAL OF AYURVEDA

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The Duty of the State towards Ayurveda.

In our last issue we forcibly put forward the claims of Ayurveda for state-recognition. Now we will gradually unfold how the State can come forward and organise it in a systematic manner, to be of more service to the public at large, 90 per cent of whom depend on its ministration.

It is a fact, and for the matter of that cannot be gainsaid, that the State is spending quite a large amount of money annually in providing official medical relief to only about a small minority of our population, whereas the unaided, neglected and disfavoured Indian systems cater to the needs of the great majority of its population without costing a pie to the State and even without any remote hope for an encouraging gesture, much less recognition. The financial stress of the Government is still very acute : to maintain the already existing institutions is becoming increasingly difficult ; and to start a network of institutions on the Western line to meet the needs of the interior townships and village unions will be a tremendously expenseve affair beyond the dreams of present-day financiers.

Under these circumstances as the only practicable method, the State should forthwith embark upon, is to explore to the full the possibilities of Ayurvedic System of Medicine and foster its further growth and spread, which we have already shown is economical, efficient and at the same time favoured by the majority of the people of the country. This scheme alone should bring medical relief to the very door of the mass of our people and not to a mere fraction only— the negligible minority.

In Madras and some other provinces something definite has been done to help the study and the spread of

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the indigenous systems of medicine. But in Bengal the wheels move rather slow and a declaration of policy by the Government on this point is not yet forthcoming.

Recently a Bill has been introduced in the Legislative Assembly at Delhi by Dr. Lohakare to control medical Education in general in India, a summary of which so far as it relates to the Indian systems of medicine, is given below :—

"The principle embodied in the Bill with regard to indigenous medicines is the establishment of a qualification in the (indigenous) methods of treatment which are independent of the Western medical science, but which administer to the needs of a large population in this country. Canada and some States in America having a population composed of immigrants from different countries have allowed the right of registration to persons qualified in the system other than the Modern or the Western medical science and the Medical Councils there accommodate some members from such schools who sit with the members of the modern school of medicine for the common weal. The problem in India has a similar aspect. The masses and even the educated amongst them have proclivities towards the indigenous medicine. Religious susceptibilities make many even on death-bed, especially in the rural tracts, refuse a Western medical man's potion. Institutions giving instruction in the indigenous system and supplementing these courses with the elements of basic sciences are being established and earnestly supported in all the provinces not only by the educated and philanthropic people, local bodies and provincial Governments, but by persons qualified in Western medicine as well. While some highly qualified medical men have been advocating the cause of the indigenous system not less enthusiastically the Provincial Governments have as well to accede to the demands from the local bodies for paying towards the establishment and maintenance of such institutions. It is, therefore, particularly

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necessary at this time to put all such efforts on a uniform and well organised basis and to provide for a differentiation of the properly trained from the untrained to whatever system a person claiming to treat a human being belongs.

"For want of such a provision the amount of injury that is being done to the public requires serious attention. A bold way of providing for an organised and systematic means for training such persons is preferable to a benevolent indifference towards the indigenous art and its practitioners. The control of medical education in the hands of a Council of medical men taking a rational view of the science and of those who, after a qualification in modern medicine, believe in and practise the art of the use of indigenous methods would serve a valuable guiding factor. Such a Council alone would be capable of moulding and determining the progress of medical education in this country. It is not desirable on the part of the profession in India to disclaim this duty. To say that the Western medical man will have nothing to do with the indigenous methods, even when they are so allied, is to forget that the medical man in India is first an Indian and as such he must take note of the surroundings he is in. He has not only to pursue his line, but has as well to do his best to guide the medical education as a whole into proper channels. His inertia in this matter would on the other hand create an atmosphere unhealthy to the public and profession. If medical education in the indigenous arts is to grow independently, thus losing opportunities of assimilation and modernisation of the older arts, it is to avoid such results that the constitution of a Council has been so drafted."

So far there seems to be nothing objectionable on the main principles of the Bill, but it should be made clear at the outset that the Ayurvedic System of medicine does not require control from Allopathic practitioners who are not competent to grasp its principles which are as far asunder from their standpoint as the Poles. It must also

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be understood that although investigation of Ayurvedic drugs on modern lines is being done in some institutions, it is sure to be abortive in as much as our drugs are *never* used in regard to their isolated active principles, but in combination in terms of *rasa—veerya - vipaka—probhava*—explained in terms of the Tridosha theory and these and other technical names used in relation to physiological and pathological actions cannot be translated or expressed in the medical terminology of the West. Furthermore, the success of our treatment is not based on the virtue of one individual drug but on the proper understanding and the treatment of the *Doshas* deranged or affected.

Besides the Vegetable drugs, Ayurvedic practitioners excel in the use of metallic preparations of which the Western trained medical men have a very crude idea. No doubt, they have adopted the fashion of prescribing *Makaradhwaja* but they use it indiscriminately, not knowing its virtues in regard to *Rasa—Veerya—Vipaka—Probhaba* on the Tridoshas or Dhatus. They do not appreciate that these metallic preparations imbibe and further enhance the effect of the vehicles with which they are administered by Ayurvedists. So that the same *Makaradhwaja* produces different effects on the human system when administered with different vehicles or *anupans*.

Under these circumstances it is highly desirable that the Government of Bengal should, without further delay, come forward to recognise the claims of Ayurveda and encourage its spread by adopting it under the guidance of its devotees. When the people will come to know of the sympathetic attitude of the Government towards their own System, there will be no dearth of endowments Donations and subscriptions will flow in to start Ayurvedic schools, dispensaries and hospitals in all possible centres and gradually the rural areas will be greatly benefited thereby.

A. C. B.

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Original Articles.

SIDHA VAIDYAM

By

T. G. RAMAMURTHI IYER,

Erode.

This system of treatment is practised in the southern parts of the Madras Presidency viz., Salem, Coimbatore, Trichinopoly, Tanjore, Madura and Tinnavelly Manuscripts are available in the library of the the Tanjore palace. The practitioners of this system possess some very old manuscripts written on palmyra leaves. Various books in Tamil containing some selected recipes from the above manuscripts are being sold in Bookshops. The original Mss. on palmyra leaves are written as poems. Only those who have a sufficient knowledge in Tamil literature can understand the proper meaning. Most of the practitioners of this system are found in rural villages where no other medical aid is reached. The Mss. are said to be handed over from father to son as a heridity. Father might have been a successfnl practitioner, but the son may be ignorant of the proper meaning of the poems and he errs ; and the result of the error may be anything. When such cases come to the knowledge of an allopath, the System is condemned, and the Vaidyan is called a quack When the System is properly understood, and if the preparations are made correctly and used judiciously the success of the treatment and the permanent cure achieved by it is really marvellous. I wish to quote here a few examples of the preparations with illustrative cases.

(1) Tamil name :— *Thirunathra Myc.*

R/

(1)	Purified mercury or mercury drawn from Hingula—(native cinnabar)	1 part.
(2)	Burnt charcoal of thoroughly ripe cocoanut shell—	1 part.
(3)	Palmyra Jaggery	1 Part.
(4)	Croton seeds (well purified according to Sidha system)—	½ part.

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Triturate together for 10 hours with the milky juice of fully ripe cocoanut rind to the consistency of a thick pigment.

Dose :—10 to 30 grains.

This prescription is found in Vaidya Vallathi 600 by Agastya, Printed by Sirumanuvoor Munisami Mudaliar, 1909 Edition—Pages 46—47 in the form of poems.

The uses as said therein are :—correct Tridoshas ; the doshas of certain fevers, hiccough, vomiting, bilious complaints, phlegmatic complaints, antidotes to poisons and the fever brought on by sexual intercourse and relieve constipation.

It is a drastic purgative in large doses. In doshas, this pigment is to be rubbed on the tongue of the patient followed by a draught of hot water.

This is extensively used by the Vaidyans as a common purgative enclosed in a paste of Jaggery (Palmyra) or it can be conveniently given in gelatin capsules swallowed with hot water.

2. *Vaan Melugu*—Tamil Name.

R/

Tamil Names.	*English names.*
(1) Rasam	Mercury drawn from Hingula.
(2) Rasa Sinduram	Red Oxide of Mercury ?
(3) Gandakam	Sulphur
(4) Veeram	Perchloride of Mercury.
(5) Vellai Pashanam	White Arsenic.
(6) Gowri	Oxide of Arsenic.
(7) Mirudarsing	Litharge or Oxide of Lead.
(8) Rasa Kapooram	Subchloride of Mercury.
(9) Pugar	Some use for this, Silver leaf and some Carbonate of Soda. Locally I see that Silver is used.
(10) Lingam	Hingula—native Cinnabar.
(11) Aphini	Opium.
(12) Kaantham	Magnetic Iron.
(13) Thangam	Gold leaf.
(14) Sambrani	Benzoin.
(15) Karpooram	Camphor.
(16) Thalagam	Orpiment, Yellow Arsenic (Harithala).

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To be triturated for more than 48 hours with sufficient quantity of oil of Hen's Egg, extracted by frying the yellow yoke.

Dose : 5 to 10 grains.

This preparation, I am given to understand, is found only in palmyra mss. None of the above ingredients require purification.

This is used by the Vaidyans of high order for various chronic diseases such as, Asthma, Rheumatism, Tertiary Syphilis, Chronic Malaria, Anæmia (?) etc, especially in complications in Venereal diseases and the result is very successful.

I give below certain interesting cases treated with the above two preparations :—

Case 1 A Hindu boy, aged 19 – student—vegetarian—when first seen, he had the following symptoms : – not able to get up—when forced to do so both the legs staggered—hazy vision—no pain anywhere—constipation—retention of urine. He said that he felt that his lower extremities were hanging from his waist—no sensation from waist to foot—Loss of appetite—duration 15 days. He first felt one leg to be without sensation—and dragging it while walking—gradually another leg affected and then the sight—then retention of urine. No history of Venereal disease—no fever—never suffered from Malaria—Typhoid or Influenza—consulted an allopathic doctor—examined—some central trouble—Paraplegia (?)—advised to be taken to a nursing home—as he requires treatment for a long time—under experts.

The boy being very poor, the following treatment was given by a Sidha Vaidyan.

15 grains of Thirunatramye was rubbed on his tongue—on the first day of treatment - 4 watery motions—Passed urine freely—Milk and Rice diet.

Repeated for 2 days more in gradually decreased doses.

He felt comfortable—as he passed urine and motions freely every day.

From the 4th day—he was given 6 grains of Vaan Melugu—twice a day—for 6 days—same diet—salt free.

From the 5th day forward he began to use his legs—sight became clearer—appetite revived.

On the 11th day he took oil-bath—Fried .Salt—and Tamarind added to his diet—and is completely all right.

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After another week—he was given another course of Vaan Melugu—without any diet restrictions—to prevent a relapse. It is now nearly 2 years

The boy is thoroughly cured—no relapse—attending the school.

Patient 2. A Police Constable—aged 25—Hindu—non-Vegetarian Sudden attack of Facial Paralysis—1 day's duration—no history of Fever—or Venereal disease—no sensation on one side of face—cramp like twitching of the muscles of the face and the eye-lids on that side—every 10 minutes.

The above treatment—as was given to Case No. 1 was repeated to this man also.

Completely recovered in a week and he had no time to undergo a second course of Vaan Melugu—as he had no leave—Treated 13 years ago—seen one month ago—no relapse quite all right.

Patient 3. A Hindu Brahmin widow aged 50—Pain in both of her eyes—very severe neuralgic pain into the eyes—and says deeply into her brain sight hazy—eyes slightly congested Purgatives and aspirin—temporary relief. Iron tonics and iodides—increased the pain. These were done by the Allopathic doctor—advised to go to experts in Opthalmology - poor.

The above treatment as was given to patients Nos. 1 and 2 was given to her. Completely cured—no relapse—treated 15 months ago—now alive and doing well.

In connection with this case I know her previous history. She was suffering from metorrhagia for about 6 years. Suspected Cancer Uterus ?—but all on a sudden her menses stopped some 2 years ago—and no uterine complaints now—4 years ago she had Glaucoma—one eye.

Treated by western doctors—cured Flabby constitution—multipara.

The western doctor who examined her for the present disease—suspected some foreign body into the aqueous humour—advised expert's dark room examination.

Case 4. A Hindu male 50—non vegetarian—merchant—Hemiplegia. Right side of the face, leg, and arm paralysed—Tongue pratially—Western method of treatment—very little improvement in one month—Sidha Vydian consulted—above treat-

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ment—mye and melugu—2 courses—well now. Treated 2 years ago—no relapse—slight sign in the face is left which can be noticed on looking at him minutely. Otherwise he is in perfect health and able to look after his business even to-day.

In conclusion, it is appreciable that the above two preparations are very effective in similar cases.

Apart from its curative properties, it is wonderful that the cases which were thought of by the allopathic doctor as one that will take a very long time to have any effect—and heavy expenses in consulting an expert and if treated in a nursing home, were cured in such a short time and resulted in permanent cure.

These preparations are being tried now on Asthma cases. Results will be gladly communicated to your Journal—when the trial is over.

PROBLEM OF MEDICAL RELIEF TO MASSSES.

—o—

MEETING AT THE ASIATIC SOCIETY, CALCUTTA.

Major R. N. Chopra, M.D., I.M.S. delivered an interesting lecture on the Problem of Medical relief to Masses at a meeting of the Asiatic Society on 15-2-26. He said that the mortality in Bengal was three times as much as that of England, and he opined that this was due to the shortage of medical men. The present system of costly education eliminated the poor students to study medicine and he suggested *the utilisation of indigenous system of medicine as the means to provide for giving relief to masses.* There were at present 3827 registered medical men in Bengal out of a population of forty-five millions, but a large number of them lived in towns and so there had been scarcity of medical aid in villages and the dispensaries and hospitals were few and far between. The indigeneous institutions that he visited were working satisfactorily and he asked whether they could be used for medical relief for masses. He urged upon the audience the necessity of establishing non-government schools in large numbers.

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FOOD IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh).

(*Continued from our last issue*).

——:o:——

DISCUSSION OF INDIVIDUAL FOOD-STUFFS :

WATER

A discussion on waters comes strictly under the heading of Hygiene. It is discussed here because water is an important article of diet (drink) and we cannot do without it.

Water varies with the source and the nature of the country :

(I) Water *from different sources* have different properties as follow :—

(*a*) Rain water *in October and September* (Aswin)
is very good and relieves the "Tridosha".
in *November to March*
is very bad and deranges the "Tridosha."

(*b*) Water from hailstorm and snow :
checks Pitta, but increases Vayu and Kapha.

(*c*) Water from dew :—
deranges Vayu and checks Kapha while Pitta is unaffected.

(*d*) Water from melting of snow from the Himalayas :—
checks pitta and increases vayu.

The above varieties come from a height and are known as "Antariksha" water (coming from above) in contradistinction to "Bhauma" water collected in the soil and flows from it or comes out of it (sub-soil water). The latter, therefore, must necessarily vary with the nature of the country.

(1) "Jangal" water (*i.e.*) of hilly and jungly place, checks "Pitta" increases "Kapha".

(2) "Anup" water (*i.e.*) of marshy place, increases "Kapha".

(3) "Sadharan" water (*i.e.*) coming from the plains, checks Tridosha.

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(II) Water from different sources intimately associated with the soil :—

(*a*) River water—with strong current—generally good
,, slow ,, —heavy of disgestion.

Note.—The water of big rivers of Northern India coming from the Himalayas is generally good. Those of Central India coming from the Vindhya Hills are not so good and derange Vayu-Kapha slightly.

(*b*) Udvid (spring) water :—

Checks Pitta, deranges Vayu slightly.

(*c*) Nirjhar (from waterfalls) water :—

Checks Vayu and Kapha but Pitta is unaffected.

(*d*) Lake and large Tank waters are almost the same - derange Vayu slightly, and check Pitta and Kapha.

(*e*) Well-water :—

If alkaline—increases Pitta, checks Kapha and Vayu ;
If acid—increases Kapha, checks Vayu-Pitta.

(*f*) Upland surface water :—

Checks Kapha and Pitta, but increases Vayu.

(*g*) Rain water stored in shallow pools :—

Heavy of digestion, checks Tridosha.

(*h*) Water obtained by digging sand from river-beds :—

If sweet—checks Pitta
If alkaline—increases Pitta.

(*i*) Surface water in the rainy season from cultivated lands :—

Very bad, deranges Tridosha.

(*j*) Impure rain water collected in shallow surface—very bad.

It will be interesting to compare the above with what is stated in modern medicine :—

(1) Wholesome—spring, deep well and upland surface water.

(2) Suspicious—Stored rain-water and surface water from cultivated fields.

(3) Dangerous—River-water to which sewage gets access and shallow well-water.

Sources of Good Water in Different Seasons.

Winter—Large tank and Lake water.

Rains—Rain-water and deep well-water.

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Autumn—Water purified by sun's ray at day time (checks Kapha) and by moon's rays at night (checks Pitta). It is known as "Ansudak" water.

Sources of Good Water in different Months

Winter	Paush—Tank-water. Magh— Do.
Spring	Phalgun—Well-water. Chaitra—Upland surface water.
Summer	Baisak—from Water falls. Jaista—from Spring.
Rains	Ashar—Well-water Sraban—Rain-water. Bhadra—Well-water Aswin Upland surface water.
Autumn	Kartick, Agrahayan ... From any source.

Water should be collected at morning time when it is cool and not soiled.

Drinking Water and its Connection with Food.

Water should not be prohibited in any case in health and disease, except in Grahani or tubercular diarrhœa when milk and mercurials are prescribed and salt is cut off with other food or drink.

(1) In health—Excess of water is equally bad with absolutely drinking no water, while food is being taken. Water taken before food makes a man thin and with food makes him fatty It is therefore advised in Ayurveda to drink a little at a time for several times while food is being taken.

The latest Western idea is that some water should be drunk while food is being taken.

"The census of medical opinion was opposed to mid-meal use of water." Hawk (Barker's Endocrinology and metabolism after various experiments concluded that "it is better to drink water with meals than between meals" (chapter on water as a dietary constituent).

"Drinking with meals ensures better fat digestion and less fat excretion and increase of body weight" (Ibid).

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(2) In disease :—Water should be restricted in acute fevers, certain eye-diseases, leprosy and the allied groups of skin diseases, indigestion, dropsy, anorexia, catarrh, certain diseases of mouth, wasting diseases, abscesses, diabetes, certain abdominal tumours, jaundice, certain intestinal diseases, diarrhœa, piles, severe lienteric diarrhœa, for if excess water is taken Pitta and Kapha are excited and act injuriously

Cold water should be avoided in acute fever, catarrh, renal colic, throat disease, after vomiting induced by emetics, in tympanites, certain derangements due to Vayu-Kapha, Anorexia, diarrhœa, certain abdominal growths, Asthma, Hiccough, during a course of fatty medicines.

Cold water should be administered in burning, heat, diarrhœa due to Pitta, Hæmatemesis, unconsciousness, alcoholism with associated fever stranguary, jaundice, vomiting, "Pitta" diseases in general, in tired and thirsty individuals, derangement of blood, giddiness, lassitude, wounds, when food is not poperly digested.

Test of Good Water.

Good water is free from smell or taste, is very cool, relieves thirst clear, light of disgestion and palatable.

Bad water is oily, full of worms, mixed with leaf, vegetable, clay coloured, of bad taste or smell, thick, containing fœcal refuse, covered with leaves so that sun's rays are cut off altogether and of bad unhealthy locality.

Rain-water collected in shallow pools from Paush to Chaitra is bad.

Bathing in or drinking of bad water causes thirst, tympanites, fever, cough, weakness of digestion, enlargement of thyroid, ophthalmia and other diseases.

Purification of Water.

Water is purified by boiling or heating by exposure to the sun and by a piece of hot metal, hot stove and flavoured with camphor or other odoriferous substances or flowers. Such substances as alum, lotus and other water-vegetables or metals like gold, pearl are added to clear it. The mechanical impurities are removed by straining.

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Digestion of water—By this is meant the time it takes after injestion to pass out of the system after performing its various functions in the human body. The time varies with different waters. *e.g.* :—

Unboiled water	...	3 hours.
Boiled and Cooled	...	1½ ,,
Boiled and hot	...	¾ hour.

EFFECT OF BOILING WATER.

Water boiled & reduced to ½ its quantity is Vayu destroyer.
Water boiled & reduced to ⅔ of its quantity is Kapha destroyer.
Water boiled & reduced to ¼ of its quantity is Pitta destroyer.

DIRECTION FOR BOILING OF WATER IN DIFFERENT SEASONS.

As different seasons produce different derangements, it is enjoined to boil the water till it is differently reduced in quantity in different seasons, *e.g.* : —

Rains—	Boil and reduce to	½	of its quantity.
Autumn—	,, ,,	⅓rd	,,
Winter—	,, ,,	¼th	,,
Spring—	,, ,,	⅕th	,,
Summer -	,, ,,	⅙th	,,
Before rains -	,, ,,	⅐th	,,

EFFECT OF BOILED WATER HOT WHEN TAKEN.

It is digestive and appetizer and its action can be increased by the addition of suitable medicines to the water during boiling, induces perspiration, removes the excretions (wind, motion, etc.), excites secretions (*e.g.*, bile) and removes the heaviness of body. It is therefore good not only in fevers, but in cough and other respiratory diseases, bilious, mucous, nervous and marrow diseases particularly in fever with Kapha or Vayu Kapha derangement, Renal Colic, nasal ulcer, Hiccough, etc. It also relieves thirst better.

EFFECT OF BOILED WATER COOLED WHEN TAKEN.

It removes derangement of Tridosha and is generally good in health and is soothing. The cooling should be done under a cover. If cooled before a draught it is not readily digested and produces motion deranging Kapha.

EFFECT OF BOILED WATER LUKEWORM WHEN TAKEN AT NIGHT.

It removes derangement of "Kapha," of Am-Rasa or Chyle ; it is good in respiratory and marrow disease and fever. Kidney is flushed, appetite stimulated and is thus good in indigestion.

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Medicated drinks are given in fevers and other diseases. These are light decoctions ; one of the commonest cooling drink is "Sadanga Paniya" which relieves thirst and reduces body-heat in fever.

R/

Tubers of cyprus Rotundus (Mutha) – diaphoretic oldendalia corymbosa (khetpapra) –specific to relieve "Pitta" fever.
Red Sandal-wood – cooling and fragrant.
Pavonia odorata (Bala)—Do.
Dried Ginger—stomachic.
Water—

II.

Food.

The classification of food stuff is different in Eastern and Western medicine. For the convenience of our Western readers, we shall follow the European classification in discussing individual food stuffs.

(*A*) Meat.

The meat of different animals, fishes and birds has been described as possessing different properties and exerting different actions on the organism according to the habitat of the animal :

(1) Meat of "*Jangam*" animals (living in jungly and hilly places) is broadly speaking sweet and astringent and causes slight constipation. It is light and easy of digestion, strengthening and increases vitality, appetizing and checks Tridosha.

(2) Meat of "*Anup*" animals (living in marshy places and water) is sweet, soothing, heavy of digestion, checks appetite, fattening when digested and increases Kapha.

The *different parts* of animals, birds and fishes which are light or heavy of digestion are described as follows :

(1) *Animals* :—forepart of males and hind part of females are, as a rule, heavier ; that of pregnant animals heavier still ; females of four-footed animals are more heavy and difficult of digestion than males.

(2) *Birds* :—Males are, as a rule, lighter than females beginning with the head ; the meat of the rest of the body is progressively lighter ; tissues beginning with blood and ending with semen are progressively heavier (the order of tissues are as follows : blood, muscle, fat, bone, marrow, semen). The organs are, as a rule, heavier still.

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(3) *Fishes*—Those found in hill streams and near springs—a little below the head, the part is very heavy. River fishes are heavier about the middle, so also those reared in very big "jheels" (tanks).

Definition of good meat :—It it that obtained from freshly killed animals. Dried and putrid flesh as well as that of diseased, old, emaciated, poisoned, snake-bitten, of those fed on unnatural food or of extremely tender age should be avoided.

(i) Subdivision of Jangal Animals and Properties of Meat of Each Kind.

(*a*) *Jangal* or living in forests, *e.g.*, deers and antelopes : meat of such animals checks Kapha and Pitta, but excites "Vayu" only slightly, is light of digestion and strengthening.

(*b*) *Vilasaya* or living in holes, underground, *e.g.* snake, lizards etc. ; meat of such animals checks Vayu, is sweet to the taste, heating or increases "Pitta", strengthening, lessens excretion of urine and fæces. They are used as food by the primitive aborigines like Kols, Bhils, Sonthals, etc.

(*c*) *Guhasaya* or living in caves, *e.g.*, tigers, lions, bears, etc. meat of such animals checks Vayu, is heavy or difficult of digestion, sweet, soothing, strengthening and is somewhat good for people suffering from eye and rectal disease. It was perhaps used as food when the Aryans came into India as great hunters.

(*d*) *Parna-mriga* or animals living in trees, *e.g.*, monkeys, squirrels, etc. : meat of such animals stimulates vitality, is good for eyes, promotes flow of urine and fæces and is good in certain respiratory disease and piles.

(*e*) *Viskira* or birds which take their food after tearing or scattering, *e.g.*, fowl, peacock, quail, partridge, etc. : meat of such birds is sweet and astringent, cooling, easy of digestion, strengthening, checks the three doshas and is very good.

(*f*) *Pratuda* or birds which strike their food with their beaks, *e.g.*, pigeons, cuckoos, etc., meat of such birds are almost similar to those of under (e) except that it increases "Vayu" but checks Kapha and Pitta.

(*g*) *Prasaha* or birds of pery, *e.g.*, hawks, vultures, etc. : meat of such animals is very heating and deranges "Pitta", induces acidity and diseases like ulcers and sinuses, general weakness and even insanity.

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(*h*) *Domesticated Animals, e.g.*, goat, sheep, bull, horse, etc. : meat of such animals checks "Vayu" but excites "Pitta and Kapha", is sweet and strengthening.

Note :—Meat of jangal animals and "viskhira" birds are the best ; next in order are the "Pratuda" birds and domesticated animals. The best are the "viskhira" group of birds.

(ii) Subdivision of Animals and Properties of Meat of Each Kind.

(*a*) *Kulachara* or animals grazing in marshes, *e.g.*, buffalo, rhinocerous, etc. : meat of such animals checks Vayu and Pitta and is strengthening, vitalising, sweet, cooling and soothing, increases "Kapha" and promotes urinary secretion.

(*b*) *Plava* or birds swiming in water, *e.g.*, geese, duck, crane, etc., meat of such animals checks "Pitta," is soothing, havy of digestion but cooling, stimulates excretion of fæces, strengthening and vitalising, increases "Vayu and Kapha."

(*c*) *Koshasta* or animals enclosed in shell, *e.g.*, conchshell, bivalve shell, etc. : meat of such animals is sweet and soothing, cooling, strengthening, vitalising, increases fæcal refuse, checks "Vayu Pitta".

(*d*) *Padma* or footed reptiles, *e.g.*, Tortoise, Crocodile, etc. : meat of such animals is similar to that of group (*c*).

(*e*) *Fish*—meat is soothing but heating after digestion, sweet, heavy of digestion, increases "Kapha—Pitta" and checks "Vayu" ; it is strengthening, vitalising and palatable and is specially soothing to alcoholics, good for sensuous individuals having strong digestion.

In Ayurveda the properties of meat of animals of each sub-group are minutely described I shall here limit myself to a consideration of the most ordinary kinds of meat used by man generally.

Beef.

It is very heavy and difficult of digestion, is soothing but excites "Pitta and Kapha", checks "Vayu", is strengthening, good in cough of throat, chronic wasting fevers, dyspepsia where there is a morbid crazing for food, very suitable food for people of active habits and not suitable in any other season except winter Charaka).

From the above it was evident that the ancient Hindus used to take beef when they came from Central Asia. Gradually as they reached the warmer climate of the plains they used to take it only in winter, as the meat produces too much body heat. Afterwards

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they found it more economical to preserve than to kill cows and bulls. The latter was of great use to them when they settled and became agriculturists in India. From the former they got milk, the principal food of infants and children, diseased and old individuals. To prevent the uneducated mass who could not grasp thoroughly economical questions, religions injunction was issued not only to prevent killing of cows and bulls, but to rear them carefully with kindness. Other meat was found equally good and cow-killing was completely stopped.

MUTTON.

It is sheep's meat and more or less allied to deer's and goat's meat Sheep's meat is nutritious, excites Pitta and Kapha and is heavy of digestion.

Deer's meat is cooling, astringent, appetizer, light and sweet.

Goat's meat is light, soothing, checks Tridosha, neither heating nor cooling after digestion, is strengthening, vitalising and appetizing. It approaches nearer to human meat than any other kind of animal flesh.

WHY GOAT'S MEAT IS SO VERY POPULAR IN INDIA.

(i) It is easily available.

(ii) It is easy of digestion and checks Tridosha.

(iii) It is, according to Ayurveda, the nearest approach to human flesh.

To the above may be added what we know from modern medicine as follows :—

(IV) Goats are not so susceptible to Tuberculosis as cows. Sheep's brain and pork are full of various worms that infect man.

(V) Goat's meat contains more nitrogen than beef as the following European analysis shows :—

Name	Water	Albumen	Fat	Salt
Beef	74·4%	20·5%	4·5%	1·6%
Sheep	43·7%	13·5%	33·2%	0·8%
Goat	72·4%	24%	2·5%	1·1%
Pork	39%	9·8%	48·9%	2·3%

It will be seen from the above that pork contains excess of fat bulk for bulk, is very heavy of digestion. It is closely followed by mutton. Goat's meat contains more albumen than beef. It is said that Goat's meat is more suitable for people of sedentary habits and beef for people doing hard physical work.

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Pork.

This meat is tissue grower, vitalising and strengthening, cooling, pleasant, destroys "Vayu" but is very heavy of digestion (due to fat in excess . This action refers to meat of wild pig.

Bird's Meat.

India abounds in game birds. The meat of birds living on grains is light of digestion and checks "Vayu". The meat of fish-eating birds excite Pitta and is very heavy of digestion. Meat-eating bird's flesh is light of digestion but excites "Vayu" and "Kapha" and is nasty to the taste.

1. Wild dove—Meat is heavy of digestion but palatable, saline and astringent, sweet and good in hæmoptys's.
2. Partridge (Titir)—Meat is slightly heavy of digestion but sweet, heating, appetising, astringent, vitalising, improves intellect and complexion, checks "Tridosha".
3. Peacock—Meat is astringent and saline, not good for growth of tissues but very good for growth of hair, improving the complexion and voice and intellect, is strengthening to organs of sight and hearing.
4. Wild-cock—Meat checks "Vayu", promotes tissue growth, is tonic, heating but vitalising and is good for the voice.
5. Domesticated fowl—Meat has the same action as above except that it is more fatty and more heavy of digestion but is good like the former in fever, phthisis and rheumatism.
6. Pigeon—Meat is heavy and soothing, checks "Pitta" and purifies blood, checks Vayu and is astringent, cooling and vitalising and is good in hæmoptysis.
7. Ducks and Geese—Meat is heavy and heating, sweet, improves voice and complexion, is strengthening, vitalising and tissue builder and good in "Vayu" disease.

General Action of Meat:

Charaka says that for building of tissues, no food is so nutritious as meat. This agrees with modern Western idea that Nitrogenous food is principally tissue-builder and repairer. The meat of animals of the Jangal sub group and bird's meat of the Viskhira sub-group are generally the best. For persons accustomed to take meat daily, the meat of goat, partridge and fowl are recommended. Beef and Pork are quite unsuited for daily use. Meat of carnivorous animals and birds is said to be a remedy in phthisis and other wasting diseases.

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From the very minute study of the action of meat of all wild animals as we find in Charaka, it becomes apparent that the book was compiled at a time when the Aryans were still great hunters. Charaka, according to Sir P. C Roy was probably the transaction of a Congress held somewhere in the Himalayan regions where delegates from outside India also attended. Charaka is not a systematic treatise but is in the form of questions and answers of different medical subjects and is a compilation of practical medical experience mixed with much metaphysical speculations. It is the first recorded authoritative version of the medical problems agitating the medical minds in those ancient days and their solution.

Surgery developed with the constant wars with the non-Aryans and probably reached its acme on or about the time of Sushruta and continued up to the pre-Buddhistic period (between the 4th and 5th century).

During the Budhistic period dissection was forbidden and the science and art of Anatomy, Surgery and Midwifery gradually declined and was subsequently lost.

Chemistry began to be more and more studied and metallic drugs began to be incorporated in the Ayurvedic pharmacopœia and medical treatment advanced.

We now find two Schools of treatment in Ayurveda; the old School of Charaka and Sushruta, dealing mainly with vegetable drugs and the new School of the Buddhist and Tantrik period, dealing with metals in general and mercury in particular for the treatment of diseases

The modern School which combined the two classes of drugs reached its acme probably about the time of Bhabamisra, the well known and talented writer of Bhabaprakash during the Mahomedan period, when the Portugese began trading with India in the 15th and 16th centuries. After that Ayurveda rapidly declined probably on account of want of State-aid and began to stagnate in Northern India for we find no important authoritative books written after that period.

But the village unit was not disorganized during the Mahomedan period and we find the torch of Ayurveda kept lighted by Ayurvedic Scholars in the village Schools where Sanskrit and Ayurveda were taught to pupils by individual Teachers.

(To be continued.)

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METALS IN AYURVEDA.

—— o ——

SILVER AS A THERAPEUTIC AGENT IN AYURVEDA

BY

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SYNONYMS.

Synonyms in Sanskrit—

रूप्यञ्च रजतं तारचन्द्रकान्ति सितप्रभम्।

Bhavaprakasha.

रूप्यकं रजतं रूप्यं तारं श्वेतं वसुत्तमम्।

Madanpal.

Names in different Languages—

SANSKRIT	...	*Rajata*
BENGALEE	...	*Rupa.*
HINDI	...	*Chandi.*
ASSAMESE	...	*Rûp.*
MAHRATTI	...	Rûpeng
GUJRATI	...	Rûpeng.
CANARESE	...	Belli.
TELEGU	...	Aindi.
TAMIL	...	Velli.
MALAYALIM	...	Velli.
PERSIAN	...	*Nûkara.*
ARABIC	...	*Fidda.*
ENGLISH	...	Silver.
LATIN	...	Argentum.

HISTORICAL DATA.

Silver was known to the ancient Hindus and we find its mention in the White Yajurveda and also in the Atharva Veda, where it has been described as "white" (*rajas*).

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Pliny wrote about silver-mines in Sindh; while from Ain-i-Akbari we learn that there were silver mines in Agra, Delhi and Lahore Subas.

VARIETIES OF SILVER.

सहजं खनिसञ्जातं क्रत्रिमम् त्रिविधं मतम्।
रजतं पूर्व्वपूर्व्वं हि स्वगुणैरुत्तोत्तमम्॥

Rasaratna samucchaya.

Silver is divided into three classes :—

(1) *Sahajam*—or natural.

Silver is found uncombined occasionally in masses weighing several cwts. (Newth's Inorganic Chemistry).

(2) *Khanijam*—dug out of the mines.

In ancient times silver was generally obtained from a mineral called Galena, a salt of lead, which contains a very minute quantity of silver. Even now silver is derived from this source in many places.

In our opinion the word *Sahajam* means natural silver, while *Khanijam* means silver derived from minerals, otherwise there cannot be any justification of such a classification.

Sir P C. Ray in his Hindu Chemistry explains *Sahajam* as mythical, which is apparently wrong.

(3) *Kritrimam*—Artificial silver - manufactured from tin (*Vanga*).

TESTS FOR PURE SILVER.

(SELECTION OF SILVER FOR MEDICINAL USE.)

In selecting silver for medicinal use the ancients depended on the following tests :—

(1) Character of the metal—"The silver should be soft (pliable), heavy, white as conchshell and brilliant". We can compare it with any modern description, and quote here from a new book on Inorganic Chemistry which says, "Silver is a white lustrous metal; is soft and malleable".

घनं स्वच्छं गुरु स्निग्धं दाहेच्छेदे सितं मृदु।
शङ्खाभं मसृणं स्फोटरहितं रजतं शुभम्॥

Rasaratna samuchaya.

"Pure silver should be of required consistency, soft, transparent, heavy, cooling, white as conchshell, brilliant and devoid of bubbles and is not discoloured by burning in fire or cutting by any sharp instrument".

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Silver does not oxidise at any temperature in the air but in the molten state it possesses the peculiar power of dissloving about 20 times its volume of oxygen from the air; this oxygen is given off when the silver cools and solidifies. This explains the word "devoid of bubbles' in Rasaratna-samucchaya.

(2) Heat test—

दग्धोत्तीर्णं सुशीतं च निर्म्मलं कुन्दसन्निभम्।
गुरुस्निग्धं कुमारच्च तारमुत्तमिष्यते॥

—*Rasendra sara-sangraha.*

"That silver is best which after heating in fire and cooling afterwards becomes brilliant and white like the flowers called *kunda*, and which is heavy, cooling and soft in nature".

Character of Impure Silver—

दाहे रक्तच्च पीतच्च कृष्णं रुक्षं स्फुटंलघु।
स्थूलाङ्गं कर्कशाङ्गच्च रजतम् त्यज्यमष्टधा॥

—*Rasaratna Samucchaya.*

"The following eight varieties of silver should not be used in medicinal preparations :—(*a*) The silver which when burnt assumes reddish, yellowish or blackish tint ;

(*b*) which is not soft but dry ;
(*c*) which has air bubbles in it ;
(*d*) which is light in weight ;
(*e*) bulky ;
(*f*) coarse in appearance".

Bhavaprakasa confirms this statement :—

कठिनं क्रतिमं रुक्षं रक्तं पीतदलं लघु।
दाहच्छेदघनैनष्टं रूप्यं दुष्टं प्रकीर्त्तितम्॥

CORRECTION OF SILVER.

Necessity of Correction of Silver for Medicinal Use—

It is difficult to obtain pure silver in the market, as it is generally mixed with dross, etc. This is why it is necessary to correct the silver leaves before use in medicines.

आयु शुक्रं बलं हन्ति रोगसङ्घं करोति च।
अशुद्धञ्चामृतं तारं शुद्धं साध्यमतो बुधैः॥

—*Rasendra-sara-sangraha.*

"Impure silver generates many a disease and affects longevity, semen and strength : so silver should be properly corrected before killing."

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A similar passage occurs in *Rasaratna-samucchaya*, which, in addition, describes impure silver as heating and constipating.

आयुः शुक्रं बलं हन्ति तापविड् वन्हिरोगकृत्।
अशुद्धं न सृतं तारं शुद्धं साम्यमतो बुधः॥

Bhavaprakasa also confirms the above :—

तारं शरीरस्य करोति तापं
विड्भेदनं गच्छति शुक्रनाशम्।
वीर्य्यं बलं हन्ति तनोश्च पुष्टिं
महागदान पोषयतित्यशुद्धम्॥

Methods of Correction of Silver according to Ayurveda—

Silver is corrected in the same way as gold (Vide Jour. of Ayurveda, Vol. I., No. 9 p. 330).

नागेन टङ्कणेनैव वापितं शुद्धिमृच्छति
तारं विचारं निक्षिप्तं तैले ज्योतिष्मतीभवेत्
खर्परे भस्मचूर्णाभ्यां परितः पालिकां चरेत्।
तत्र रूप्यं विनिक्षिप्य समसीसमन्वितम्
जातसीसक्षयं यावद्भवेत् तावत् पुनः पुनः।
इत्थं संशोधितं रूप्यं योजनीयं रसादिषु॥

—*Rasaratna Samucchaya.*

"Place on an earthen dish a mixture of lime and potash (ashes) in a circular row and place in it silver and lead of equal weight. Then burn it over fire till the whole lead is evaporated.

A description of the modern method of purification of lead may be interesting :—

When the argentiferous lead is rich in silver, the alloy is submitted to cupellation which consists of heating the metal in a reverberatory furnace the hearth of which consists of a movable, oval shaped shallow dish, made of bone-ash, known as cupel or test. The alloy is fed into this cupel from a melting pot and a blast of air is projected upon the surface of the molten metal. The lead is thus converted into litharge and the melted oxide by the force of the blast is made to overflow into iron pots. As the evaporation of the lead reaches completion...leaving the brilliart surface of the melted silver." (Newth's Inorganic Chemistry).

SILVER SULPHIDE : REDUCTION OF SILVER.

Preparation—

I. कर्णवेध्यं तारपत्रं दिव्याद्द्विगुणहिङ्गुलम्।
पातयन्त्रे रसो ग्राह्यो रजतं मृतमुच्यते॥

Rasendrasara-samgraha.

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Silver is converted into a black salt by the silver leaves being treated with twice their weight of *cinnabar* and heated in the subliming apparatus, called *urdhapahan yantra*. The mercury rises up (as upper) and collects in the upper vessel and the silver in powder form remains in the lower vessel.

[Cinnabar-sulphide of mercury.]

II. लकुचद्रवसूताभ्यां तारपिष्टं प्रकल्पयेत् ।
ऊर्ध्वाधो गन्धकं दत्त्वा मूषामध्ये निरुध्य च ।
स्वेदयेद्वालुका यन्त्रे दिनमेकं दृढाग्निना ।
स्वाङ्गशीताच्च तां पिष्टिं साम्लतालेन मर्दिताम् ।
पुटेद्द्वादशवाराणि भस्मीभवति रूप्यकम् ।

—*Rasaratna Samuchaya*,

Silver-leaf should be treated well with mercury and the juice of *Lakucha* (*Mandar-artocapus lakoocha*) and placed inside a covered crucible with enough *sulphur* covering the mass. Then it should be heated in a sand-bath for 12 hours. When cold, the mass is to be taken out and rubbed with orpiment and acids and roasted 12 times in succession in the *putapaka* process ; when the silver is properly reduced.

[Orpiment-yellow sulphide of Arsenic.]

III. माक्षिकं गन्धकञ्चैवमर्कक्षीरेण मर्दयेत् ।
तेन लिप्तं रौप्यपत्रं पुटेन म्रियतेध्रुवम् ॥

—*Rasendrasara Samgraha*.

Silver in equal proportion with the pyrites and *sulphur* should be rubbed with the milk of *Arka* plant (*calotropic gigantea*) and then burnt in a covered crucible, is reduced to ashes.

IV. तालं गन्धं रौप्यपत्रं मर्दयेन्निम्बुकद्रवैः ।
त्रिपुटेच्च भवेद्भस्म योज्यमेतद्रसादिषु ॥

—*Rasendrasara Samgraha*.

Orpiment, *sulphur* and silver should be rubbed together in lemon juice and then burnt in a crucible This process of rubbing and burning repeated 3 times kills silver fit for use in medicines.

V. तारपत्रं चतुर्भागं भागैकं शुद्धतालकं ।
मर्दयेज्जम्बीरजद्रावैस्तारपत्राणि लेपयेत् ॥
शोषयेदत्ययन्त्रे च विंशदुत्पलकैः पचेत् ।
चतुर्दशपुटैरेवं निरुत्थं जायते ध्रुवम् ॥

—*Rasaratna Samucchaya*.

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Rub one part of *orpiment* with the juice of lemon and apply the ointment thus prepared on 4 parts of silver leaf and burn inside a covered crucible. This process if repeated successively for 14 times reduces silver.

VI. तारपत्रं चतुर्भागं भागैकं शुद्धतालकम् ।
मर्द्दं जम्बीरजैर्द्रविल्वाद्यैपत्रानि लेपयेत् ॥
रुद्ध्वा त्रिभिः पुटैः पाच्यं पत्रविंशद्वनोपलैः ।
म्रियते नात्र सन्देहो गन्धोदयः पुनःपुनः ।

—*Rasendrasara Samgraha.*

The process is same as above ; only the author says 3 *putas* are sufficient to kill the silver.

Generally, for convenience' sake, silver is first rubbed with sulphur, *orpiment* and juice of lemon and then burnt in a covered crucible. This process of mixing and burning 14 times effectively kills silver which may be safely used in medicine.

CHEMICAL COMPOSITION.

"Prepared silver" is *sulphide of silver* and not silver oxide as stated by U. C. Dutt in his Materia Medica of the Hindus. Silver oxide is a brown powder, while "prepared silver" is a blackt powder. Silver oxide is reduced to the metallic state either by hea or by contact with organic matter ; on account of this last mentioned property it cannot be used in medicine combined with any organic substance ; while "prapared silver" can be prescribed with organic drugs.

Analysis of samples of prepared silver showed :—

Silver— 84 parts.
Sulphur—16 parts.

100.0

'Prepared silver' should only be obtained from reliable Ayurvedic stores, as we found that the samples obtained from some of the Ayurvedic firms did not contain any silver at all ! Some ignorant Kavirajes use so-called silver leaves sold in the market in preparing their *marita* silver. As these 'silver leaves' are nothing but copper leaves, their prepared silver is nothing but copper sulphide which is also a black powder. Many substitute reduced iron for silver.

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THERAPEUTIC PROPERTIES.

1. *As a nervine tonic.*

रूप्यं विपाकमधुरं तुवरास्रमारं
शीतं सरं परमलेखनकरञ्च रूक्षम्।
स्निग्धं च वातकफजिच्छठराग्निदीपि।
वल्यं परं स्थिरवयस्करणञ्च मेध्यम्॥—*Rasaratna Samuchaya.*

"It is acid—sour in taste, sweet in action, cooling, purger, destroyer of the dysfunction of *Vayu* and *Kapham*, appetiser, enervator of digestive heat, rejuvenator and nourisher of memory and intelligence."

रसायन विधानेन सर्व्वरोगपहारकम्।—*Ibid.*

"When used as a *rasayana* it destroys all diseased conditions."

आयुष्यं दीर्घरोगघ्नं रजतं लेखनं स्मृतम्।—*Rasendrasara Samgraha.*

Silver sulphide has not been tried as yet as a tonic by the Western medical men and we think there is field for experiment in this direction.

2. *In Gastro-intestinal Disorders.*

"गुल्माजीर्ण विनाशनम्।"

Destroyer of *gulma* and indigestion.

—*Rasendrasara Samgraha.*

The particles of silver resist the action of dilute acids and alkalies of the stomach and consequently pass into the intestine and there combine their catalytic antiseptic action unchanged. Its value as compared with other antiseptics lies in the fact that it does not decompose in the intestines, (Simpson and Hewlett, Lancet, 12th December 1914). Colloidal silver has now been found to be a useful antiseptic in Diarrhœa (Sir Malcolm Morrisi, B. M. J., 15 November, 1913) and also in Dysentery and Sprue (Sir James Cantlie, B. M J., 15 November 1913).

3. *Genito-urinary and other Disorders.*

In Ayurveda silver enters into the composition of medicines widely used in different diseases along with gold, such as Bt. Batgajankusha, Yogaraja, Jayamangala, etc. (Vide also article on Gold, Journal of Ayurveda Vol. I. No. 9, P. 330.) The practitioners of the Western system do not use silver sulphide and their mode of administration is also different. They use them as urethral or vaginal wash or intravenously; while the Kavirajes give silver sulphide combined with other drugs orally.

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SOME CLAIMS OF AYURVEDA

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(Continued from our last issue.)

AYURVEDIC BACTERIOLOGY.

"The bacterial origin and infectiveness of certain diseases, like Leprosy Tuberculosis, Pox and other eruptive fevers are mentioned. The bacteria referred to are so fine as to be invisible to the naked eye, but are described as circulating in the blood and causing the disease" (Mahamahopadhyaya Gananath).

This is practically the same as the modern idea of bacteria and bacilli :—

"The ancients were aware that flies and other insects are carriers of germs of disease.....That the causes which produce germs inside and outside the body are the same.....that germs are born of filth, the latter being the product of decomposition of cell-matter, vegetables and animals and are therefore of secondary importance." (Pandit K. G. N. Shastri of Mylapore Ayurvedic School, Madras, quoted from I. M. Record).

"The Ayurvedists knew that by repeated contact, by sharing the same food, by the use of same clothes, contagious diseases are transmitted from one person to another." (Captain Murti).

"The point to note is that germs do not occupy the all-important place they occupy in Western medicine". (Ibid).

Still it must be admitted that the development of bacteriology in the West has added to our knowledge of one phase of certain diseases (Infective) and clarified several obscure ideas and it is well to incorporate it in Ayurveda.

There are several weak and faulty links in the bacteriological theory of diseases.

"Germs cannot explain the phenomena of diseases. It is not the last word in modern medicine". (Editorial Lancet, 1909).

"Several links are missing to establish the germ as the cause of even such diseases as cholera and dysentery" (Captain Murti).

"Diseases like clinical cholera, dysentery etc. can be produced by germs as well as amins. Every thing depends on the substrata on which it acts" (Editorial I. M. G., Nov. 1922).

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"Certain germs may be living in the body in perfect amity or neutrality or harmonious helpfulness. The so-called exciting cause (germs) is powerless to act". (Captain Murti).

"Transmutation of germs from healthy to pathogenic is a recognised fact. Even the most orthodox recognise a common origin". (Captain Murti).

"All bacterial diseases are essentially intoxications with protein split products, the individual phenomena depending on localisation" (Ibid).

Thus we speak of regional action of microbes and non-specific protein therapy and not specific therapy alone.

"Germs are one of the exciting causes of diseases. Modern Western medicine thus classifies diseases as infective, traumatic, toxic, metabolic, psychic, etc. Ayurveda covers all this (for they take into account the soil). Don't mistake the part for the whole". —(Captain Murti.)

"Soil is therefore as much important as the seed in determining the outcome of a disease; susceptibility can be won and lost. Human resistance offers a better field than direct attempt to eliminate germs". (Ibid).

"The theories of the West are in the melting pot. We have alternately set up one theory after another only to demolish them." (Ibid).

"From what we may gather from the most recent Western medical literature, there is now a distinct tendency to get away from the present position of attaching exaggerated importance to the germ theory and to take up more or less the Ayurvedic position of according the soil greater importance than the seed". (Ibid).

"Modern Western theory is slowly veering round to the old Ayurvedic idea of the causation of disease.....modern research is invariably drifting to recognise the humoural theory in some form or other". (Ibid).

"We have lingered long enough on the milestone of bacteriology. We are now tempted to stop at bio-chemistry. Further on the way Sociology meets us and psychology beckons us". (Dr. Muthu—Pulmonary Tuberculosis).

The spirit of the times demand that we should adjust our angle of vision.

"Yesterday was the day of the pathologists, more specially of the bacteriologists.....Physiology and medicine, all wrung in the

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withers and quite crestfallen, contented themselves, perforce, with the crumbs that fell from the rich microbic tables of those others. But the whirl-gig of time brings in his revenge. Today, tomorrow and the day after are fore-ordained to the physiologist, the physician and the therapeutist. Their hour has come through the agency of the internal secretory glands, which already unfold before the astonished view of the seeing eye, a land of promise besides which the vast territories conquered by Lister and Pasteur are destined to fall into honourable insignificance" (Leonard Williams).

"There is the closest resemblance between the new conception of disease (sympathetic Endocrinology) and that of ancient Ayurveda" (Captain Murti).

AYURVEDIC HYGEINE AND PREVENTIVE MEDICINE.

In the domain of Hygiene and Preventive Medicine the West has paid too much attention to the Seed, while the East has paid almost exclusive attention to the Soil. This is the chief point of difference betwen the Eastern and the Western system. Hence Lieut. Col. Cornwall in a recent occasion stated, "we (doctors) are yet to know how to keep a man healthy"—(Report of the Medical Section of the Science Congress Madras, Feby. 1922).

"The Ayurvedic physicians have elaborately dealt with the regimen of diet and conduct to be followed during the day and night in the various seasons of the year by persons of different temperaments in different climates and countries, which, strictly followed, would act as a good prophylactic against epidemics and other diseases and prevent those sad breakdowns in health so common at the present day." (Dr. S. N. Gossain in Vhisag-ratna's Sushruta.)

These methods are discussed, says Mahamahopadhyaya Gananath under the headings of "Dinacharya" (daily observations), Ritucharya (seasonal observation), and Brahmacharya (regulation of sexual function) and consists of hygienic modes of living and the performance of certain physical exercises.

These hygienic measures, says Dr. Bakshi (Antiseptic, Madras, July 1923), consists in taking "wholesome food, breathing fresh pure air, remaining in good light, keeping the body clean externally and internally, taking regular physical and breathing

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exercises. In fact plain living and high thinking was the motto of the ancient Hindus."

Lorand in his old age stated that a healthy strong sexual system defers pre-senility. Ayurveda regulated sexual life avoiding excess on the one hand and advising to follow a healthy sexual life on the other.

One of the methods of personal hygiene advocated in the Ayurveda is not mentioned in Western medicine, *viz.*, "Don't avoid attending the calls of nature". A whole chapter is devoted in Ayurveda to discuss the evil effects of such procedures.

"Pay more attention to the soil," says Ayurveda, "for it is impossible to keep out germs which are present everywhere. Human resistance affords a better field than attempts to eliminate germs from the world. It is better and easier to feed children with fatty foods in winter than to eliminate respiratory germs from the nursery", says Captain Murti.

"Art cannot compete with nature" says Dr. Bakshi. It is easier to improve individual resistance than to eliminate germs completely.

While preventive medicine can be successfully applied in a small rich place inhabited by enlightened people, it is impossible to be applied in a large country with opposite conditions.

The crux of the problem of individual hygiene is how to keep the Vayu-Pitta-Kapha of Ayurveda or the sympathetic Endocrinology of modern medicine healthy and vigorous.

All the various individual factors of Ayurveda will be found discussed in the article on personal hygiene and preventive medicine in the Journal of Ayurved by Dr. A. T. Roy, August 1924 and February 1925.

To prevent auto-intoxication from the intestines so common in the tropics it is religiously enjoined to observe fasting twice a month on the 11th day of moon and semi-fasting twice also on the full moon and no moon day.

While personal hygiene was very highly developed it was not the case with preventive medicine as in the west, because the state of the country was different.

"The contact of the East and the West has caused great social, economic, industrial, moral and spiritual upheavals, as seen in the growth of towns and cities, the expansion of trade and commerce, the depopulation of villages, decay of home

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industries, migration into towns, high rents, over crowping and insanitation, dear adulterated food, poverty and want, intemperance and degeneration. There was no railway communication and silting up of rivers. The dark races of the East were simple children of nature, living a less civilized yet less strenuous life; blessed with indolent peace and absence of care, were naturally more healthy" (Dr. Muthu's Tuberculosis).

Hence we find preventive medicine so little developed in the East.

"Outbreaks of epidemics have been attributed to contrary seasons, to the floating of minute animal and vegetable germs in the air (microbean clouds) Earthquake, famine and other physical phenomena, (like floods) wars between two neighbouring races." (Dr. Gossain in Visagratna's Sushruta.)

The Ayurvedists knew that unusual mortality amongst birds, unusual death amongst rats, etc., as presaging indications of an epidemic.

Both Eastern and Western medicine will mutually benefit by a study of this subject from the books of the other.

While the mass of Indian people have forgotten the wisdom of their fore-fathers in knowledge of personal hygiene, so better suited in those days, they have not acquired sufficient knowledge of modern hygiene and their position is really pitiable. Mass education is the only solution of the problem.

Another point with reference to preventive Medicine is the extreme poverty of the Indian mass. "Nutrition", sasy Captain Murti, "must be recognised as an important factor in Immunity". Indian people, half-fed, half-starved, scantily clad, have not sufficient vitality left to resist disease, especially when we find them hard-worked and ill-paid.

Finally the idea of segregation was not unknown in the ancient East; as we find it recommended in Ayurveda in case of a small-pox patient, for the lying-in-room and so on.

AYURVEDIC PRACTICE AND PRINCIPLES OF MEDICINE.

Diseases have been classified in modern medicine from the seed in some cases, and from that of the soil in others. Diseases in Ayurveda had been uniformly classified from the point of view of the soil, (the manifestation in different organs and different regions).

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The etiology and pathology of diseases had been discussed from the point of view of the soil as already noted. Under Etiology, Ayurveda had noted the predisposing causes and premonitory systems as in modern Western medicine.

Each disease had been classified on the basis of sympathetic endocrinology or the Vayu Pitta and Kapha of Ayurveda. Modern Western medicine is classifying some diseases from the same point of view, *e.g.*, Acton's classification of Asthma into 3 clinical types ; Nervous, sympathotonic and vagotonic.

The symptomology had been very acurately described in great details in Ayurveda, for the ancient Hindu physicians were great clinical bedside observers, without any knowledge of instruments of the present day.

"The ancient Hindus" says Captain Murti, "instead of devising and perfecting instruments of observation, perfected their own senses."

"Clinical signs" says Bury (Clinical Medicine) "convey the impression to our minds which it behoves us to sift and weigh, for they have a very important bearing on the diagnosis and prognosis of a case." It is becoming a lost art in modern West in these days of instrumental observation in the laboratory. The old Hindus were past masters in the art of bedside clinical observations.

The ancient Hindus used to arrive at a diagnosis of a case of disease by carefully shifting the various factors presented by the patient or noticed by the physician.

By inspection of the patient,
By touch or palpation,
By interrogation or asking questions,
By certain special examinations *e.g.*, eye, tongue, urine, etc..
By the predisposing causes and the premonitary factors,
By ascertaining the *doshas* affected from the symptoms,
By deducing what *doshas* should have been aggravated with reference to place, season and individual peculiarities and how far they tally with the *doshas* affected in the patient.
By noting the effect of previous treatment, if any.

The result of all these examinations was checked by an examination of the Pulse.

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"Pulse", says Dr. Ekendra Nath Ghosh, "holds a very prominent place in clinical methods, in diagnosis and prognosis of a case."

"Every important variety of the Pulse", says Broadbent in his book on pulse, "revealed by sphygmograph was recognised, described and named before the Christian Era." He of course refers to Pulse in ancient Greek Medicine. The same is true of Ayurveda.

For a full discussion of Ayurvedic pulse *vide* Dr. A. T. Roy's recently published book "Pulse in Ayurveda," Madras, 1926.

The prognosis of any case has been very minutely described in the Ayurvedic system as also in their chapter on pulse. Prognosis is the most difficult subject. The Ayurvedists could boldly give the prognosis of a case from the following considerations :

Colour and feature of the patient.
Condition of organs of special sense.
Premonitary symptoms and dreams.
Habits, temperaments and surroundings.
Condition of mental and physical powers.
Nature and quantity of food taken and digested.
Pain and other characteristic symptoms.
Effect of treatment.

The result was checked by the condition of the pulse and the position of the stars in the patient's horoscope.

That dreams have some connection with disease is being recently recognised by the scientific medical men in the West (vide Practitioner, Febry.. 1913).

Those who believe in chemo-therapy or colour therapy or light therapy and neither modern science nor modern medicine can deny its claims, considering that modern astronomers have found several coloured stars, it does not require much stress of imagination that they exert some sort of influences on us. If our groups of stars can influence us, why not the rest. While various secondary forces in the world can affect us, what is there to disbelive that the secondary forces from the heavenly bodies do affect us.

Treatment falls under 3 heads : medicinal, accessory and dietetetic. This is found in Ayurveda as in the Western medicine.

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In the West there are 2 great forms of treatment ; Homœopathy and Allopathy. Ayurveda has combined both the principles in their treatment (vide Dr. A. T. Roy's article in the Pantherapist, Chicago Decr. 1922) already noted.

Under accessory treatment in Ayurveda we find massage, hydrotherapy, hypnotism, mesmerism and psycho-therapy, the last three being recent acquisitions in the West.

"The special treatments mentioned in Ayurved", says Mahamahopadhyaya Gananath, "in fevers, Phthisis, bowel complaints and various other chronic and nervous diseases are so elaborately and minutely dealt with that medical men trained in the Western system will be considerably benefited by their study from the original works (not spurious translations)."

"The errhines for example are sometimes beneficial in many diseases which baffle the attempt of Western medical men'" (Ibid).

Some snuffs are very useful to check such an obstinate symptom as hiccough following abdominal operations.

Instances like these can be multiplied to any extent. Thus "the principle of fasting in acute fevers with the attendant intestinal auto-intoxication, of giving laxatives in the beginning of dysentery, of avoiding purgatives in the beginning of Typhoid and Small Pox, of enjoining salt free diet in certain cases of Bright's disease, of treating obstinate cases of diarrhœa with specially prepared black sulphide of mercury with pure milk diet and avoidance of salt and water are some of the various instances to point" (Mahamahopadhyaya Gananath).

There are 2 special froms of treatment which need special mention, *e.g.*, Rasayans are combinations of drugs to improve general health and increase longevity ; Vajikarans are directed towards keeping the sexual powers vigorous when a man has passed his youth and is progressing towards pre-senility.

Lorand in his "Old Age Deferred" states, "In old age with healthy action of sex-glands, the effect of age is not pronounced. People with strong sex glands live long." Deterioration of sex glands is the cause of pre-senility at an early age as in prostitutes, and those who indulge in sexual excess in youth and sexual abuses in pre-adolescence.

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A Mirror of Practice.

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A CASE OF APPENDICITIS—अन्तर्विद्रधि

BY

D. V. SANDU,

Ayurvedic Physician, Bombay.

——:o:——

TREATED BY AYURVEDIC REMEDIES.

Name :—Bhimabai, age 30, female.

History :—The patient got menses on 8th January last. The flow was copious After four days she began to get pain with mild fever. The pain increased gradually and she began to feel a tumour-like growth internally. A specialist in Gynecology examined her and he suspected appendicitis and advised immediate operation. The relatives were frightened and thought of placing her under Ayurvedic treatment if it could avoid operation.

As an Ayurvedic practitioner I was called to see the case on 23rd January at 2 p. m.

On examining I found the following symptoms :—(1) loss of appetite, (2) fever of mild temperature up to 100°, (3) Headache slight, (4) severe pain in the right iliac fossa and (5) constipation.

On pressure I found tenderness and severe pain in the region of the appendix. The flow was still present which was weakening her and with a view to stop it I prescribed the following for two days :

23rd. & 24th. Jan., 1926.

R/

Dashamularista	...	4 oz.
Ushirasav	...	4 oz.
Balabadharasa	...	xx. grs.

and powders of silica of magnesia 4 drams in 2 powders with plantain.

At night on the 24th at 2 p. m. she perspired, temperature came to normal and the flow was completely stopped.

When the flow was stopped I drew my attention towards the pain for which the patient could not sleep for the last 10 days. Accordingly I prescribed the following :—

25th and 26th Jan. 1926.

R/

Vidangarista	...	1 oz.	To be given at an interval of 3 hours.
Rohitarista	...	1 oz.	
Decoction Varun	...	1 oz.	
Kajjali	...	X. grs.	

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At night for sleeplessness :—

Suvarnamakshik Bhasma grs. iii
with sugar and ghee.

27th Jan., 1926.

The pain was found to be subsiding, fever 99°.

Then the plaster of *Dasangalep* was applied on the painful parts. Suvarna-makshik made her sleep soundly.

Then on the 28th the Sarnamakshika was stopped and another powder for Appendicitis was prescribed, which was continued for the subsequent days which showed great improvement : and she was now able to attend the dispensary from 28th. The following powder was prescribed in place of Makshik Bhasma :—

R/

Dhataki (Woodfordia floribunda)	...	grs. xx.
Haritaki (Terminalia Chebula)	...	grs. xx.
Rock salt	...	grs. x.

To be prepared into powder and taken at bedtime with honey and ghee mixed.

I am quite sure if my fellow practitioners refer to the chapter of *Shusruta* or *Bagbhat* on अन्तर्विद्रधि and treat their patients accordingly, most cases of appendicitis will be sucessfully cured. My father cured such cases which the Surgeons declined to operate, considering them as hopeless, still living at Chembur,

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Reviews and Notices of Books.

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Rasendramangala.—By Sri Nagarjuna. Edited and published by Rasavaidya Sri Jeebaram Kalidas, Principal, Rasashala Aushadhasram, Gondal, Kathiawar. Price As. 12, Postage extra.

This is the first volume of the series of obsolete and ancient original *Rasagranthas*, publication of which has been undertaken by the Rasashala Aushadhasram, Gondal, Kathiawar. The processes of killing metals are described in its pages and many useful prescriptions of metallic preparations are described. Practitioners of Ayurveda will find it interesting and useful.

Rasakamadhenu Samhita.—By Sri Chudamani, Edited and published by Rasavaidya Jeebaram Kalidas Rasayanshastri, Rashashala Aushadhalaya, Gondal, Kathiawar. Price Rs. 4.

This is the *second volume* of the valuable series of publications entitled Rasagranthamala Guccha. The volume is the fourth part of the *Rasakamadhenu Samhita* (the first three parts of which

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deal with (1) *Upakarana*, (2) *Dhatusamgraha*, (3) *Rasakarma*, and are available from Vaidyaraja Jadabji Trikamji Achayrya, Holichakla, Bombay) and is devoted to the preparation of metallic medicines indicated in various diseases to which humanity is liable. There are 417 closely printed pages cramful of valuable prescriptions and their method of preparation preceded by pathological description of each disease. In a word this is one of the most exhaustive treatises dealing with the use of metals in Ayurveda.

Badarika-Asram Bhraman—By Dr. Rajendra Kumar Sen, Vidyabhushan, Author of "Recent Advances in the Treatment of Syphilis", "Tuberculosis—its Etiology, Prophylaxis and Treatment", "Treatise on Influenza," etc., Calcutta : S. K. Lahiri & Co., 56, College Street, Price Rs. 2 only. 1332 B. S.

So long we knew our friend Dr. Rajendra Kumar, as an eminent writer of medical books. But on going through the pages of this book of travels to Badarika-asrama, we are agreeably surprised with his versatility. Ordinary books of travels of which there is no dearth in Bengali literature, are so commonplace, that in going through this volume, the reader will feel that he goes himself through the beautiful scenery of the Himalayas and passes through every phase of experiences which fell to the lot of the author. It will be found interesting and useful not only to those who intend to take a journey to the Badarika-srama, the most sacred of holy-places of the Hindus, but also to those others who cannot afford or have not the opportunity to go there, as they can leisurely enjoy the journey with its perils, adventures and amusing incidents, sitting inside their own hearth and home. We are confident that all Bengali-knowing people will greatly appreciate this interesting volume.

Medical News and Notes.

AYURVEDIC RESEARCH ASSOCIATION.

"To prove the better efficacy of Ayurvedic medicines in comparison to that of Allopathic medicines by the latest scientific methods, and thereby to create a general interest and sympathy on Ayurveda amongst medical men, Government institutions and scientific societies, a society under the name of Ayurvedic Research Association has been started in Bombay. The Association, to start with, will devote its whole-hearted

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energy to the establishment of (1) Ayurvedic Dispensaries and Hospitals, (2) Laboratory for Research work, (3) Museum of rare drugs and chemicals, (4) Botanical gardens, (5) Magazines and (6) A Library. A Managing Committee has been formed as follows :—

President	...	Pranacharyya Vaidya Vasudeo Shastri Ainpure.
Vice-Presidents	...	Dr. R. H. Bhad Kamkar, M.A., M.D.
		Dr. Popat Prabhuram J. P., L. M. S.
		Rajavaidya Chandrashanker Prabhashankar.
Members	...	Dr. N. L. Sheovy, D. O. M. S.
		Dr. W. V. Dhurandher, L. M. S.
		Dr. V. V. Ainapure, M. B. B. S.
		Prof. K. G. Khare, M. A., B. Sc.
		Dr. S. M. Chogab, M. B., G. P. Ac.
		Ayurveda Ratna Pandit Mahadeo Shastri Wateve.
		Ayurveda Chikitshak Pandit Purushottam Shastri Panse.
		Pandit Dwijendranath.
Secretaries	...	Dr. D. V. Sandu.
		Mr. W. R. Dangi, B. C. E.

We wish the Association all success and trust it would devote its energies towards the furtherance of the objects, for which it has been started.

ALL-INDIA AYURVEDIC MAHAMANDAL.

The members of the All-India Ayurvedic Mohamandal held a meeting on the evening of 7th Feb. in the Jain Digambar Dispensary, Cawnpore, presided over by Dr. Prasadilal Jha. Pandit Raghubar Dayal Bhatta moved a resolution which was unanimously passed to express extreme sorrow at the untimely death of Baba Ramnathji of Rikshikesh and sympathises with the teachers and students They also sympathised with the Sadhus and travellers who were daily fed and helped by the Baba in thousands everyday and requested the successor to maintain the name and the prestige of the Baba of Kali Kamli.

HOSPITALS IN ANCIENT INDIA.

Doctor A. Lakshmipathi, B.A., M.A., C.M., Bhishakratna of Madras delivered on February 2nd, a very interesting lantern lecture on "Hospitals in Ancient India" at the Museum Hall under the presidency of N. Subba Rao Pantulu to a crowded audience. During the course of his very interesting lecture he said that the University of Taxilla was very famous for its medical education and that foreign students from various parts of the world, from China to Rome, came to study there and left their memories engraved on stone. Hospitals were built upon the Chathuschala system with a garden and fountain in the centre with attendants, loving and dutiful physicians, capable both in the theory and art of medicine and Gosala (dairy) and other details for the working of the hospitals were very vividly described. In the art of Surgery, Indians were already famous and Susruta's description of the surgeon's camp in the army and his methods of preventing poison in roads, water, and atmosphere were illustrated. He said that under the Muhammadan rule the development of Indian medicine did not suffer and along with other arts it was encouraged by the State. Ayurvedic physicians should not be ashamed of learning new things from modern sciences as their Charakacharya asked

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them to acquire any useful knowledge even from an enemy. Indians are very tolerant both in giving to others and in imbibing from the outsiders all true knowledge of the sciences. This intense thirst on their part made them wander from country to country without the boundery of race and creed and without caring for any comfort or wealth. It is our duty to encourage Indian medicine and to make its benefit once more to reach the Western world.

DR. LAKSHMIPATHI

ON

INDIAN METHODS FOR PREVENTION OF DISEASE.

At the invitation of the Cocanada Municipal Council, Dr. A. Lakshmipathi of Madras delivered a very inspiring lantern lecture in Telugu, on Feb. 2, on "Indian Methods for prevention of Disease" at the Health and Baby Week Exhibition Pandal. The pandal was crowded with thousands of people and the lecture was attended to with rapt attention. The notable feature was immense gathering of ladies.

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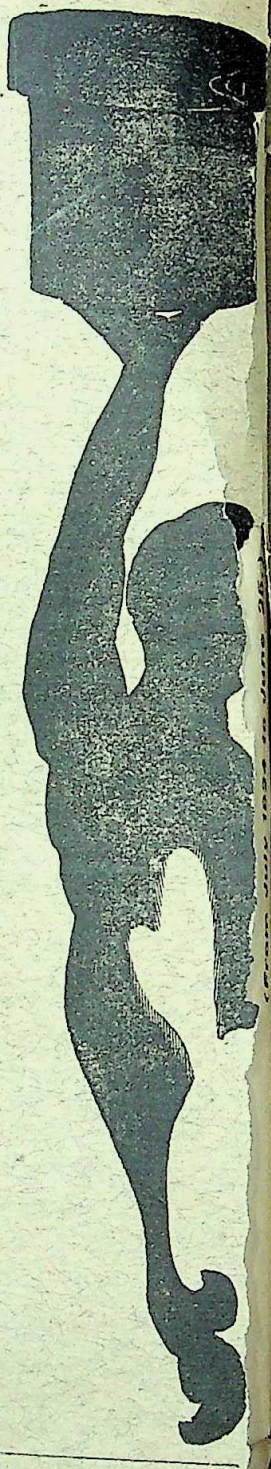
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"नात्मार्थं नापि कामार्थम्—अथ भूतदयां प्रति"—(*Charaka.*)

The Journal of Ayurveda

or the Hindu System of Medicine.

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THE JOURNAL OF AYURVEDA

Vol. II.] March, 1926. [No 9.

An All-India Ayurveda College.

The name of the Astanga Ayurveda Vidyalaya is not unknown to our readers, inasmuch as a complete report of its foundation-stone-laying ceremony by Mahatma Gandhi on May 6th, 1925, was fully dealt with in a previous number of the Journal. We were present on the occasion and witnessed the imposing ceremony performed by the Mahatma. Nine months have passed since then and during this time the building of the imposing structure of the College and Hospital has been carried out. The other day when we visited the place again, our hearts were full with a genuine self-satisfaction to note that the building was almost complete up to the first floor, and that the work on the second floor was being pushed through vigorously.

There we visioned subjugation of centuries, during which time the death-knell of Ayurvedic education and practice was rung chiefly as a result of indifference of the conquerors who held their sway over this land. Times are fast changing under a foreign Government, the peoples are showing signs of activity and are combining to claim their rightful place in the field of science, history and arts along with other nations of the earth.

Here we have a nucleus of an Ayurvedic University which the Government can gradually foster up. The Corporation of Calcutta has extended a helping hand to the growth of this institution by presenting it with a free gift of land, worth about two lacs of rupees, upon which this imposing structure to accommodate the College and the Hospital is being constructed. A further recurring

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annual grant of Rs. 3500 has been made for its support by the Corporation. But the building and equipment will entail an expenditure of *four lacs* of rupees, of which about 2 lacs have already been subscribed, and an appeal has been issued by the promoters of the College and some of our well-known countrymen to raise the balance by public subscription.

The Hospital will accommodate 125 beds in the indoor department, but to maintain these beds, as well as to meet the recurring expenditure for the upkeep of the College and the Hospital, an additional sum of 8 lacs of rupees is urgently required.

To raise this sum in a country which is noted for charitable bequests is not an impossibility. Many existing charitable institutions of the country conducted on Western lines owe their existence to Indian charity. But as we already pointed out in our last issue, Government recognition is essential to induce charitably disposed persons to part with their hoard.

But the Government of Bengal has so far taken no action on the report of the Ayurvedic Committee, which completed its deliberations and submitted a report long ago. Recently at a meeting of the Legislative Council of Behar and Orissa, held on February 16th, 1926, a resolution moved by Mr. Dwarka Prasad Singh for the establishment of an Ayurvedic College at Patna, was accepted by the Hon'ble Mr. Ganesh Dutta Singh, Minister-in-charge of public health. The Hon'ble Minister made it known that a scheme for these institutions was being examined by the Government and that there was every chance of its being approved. So the Behar and Orissa Government have also taken the lead, but Bengal is still quite silent on this point. The Madras Government have gone a good step forward and they have already established an Ayurvedic College and Hospital on a big scale. The spread of Ayurvedic Education as a

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useful means for the spread of medical help in rural areas is admitted on all hands, and we have been advocating the introduction of this system in season and out of season, and all possible attempts have been made to draw the attention of the Government of Bengal to this matter. Our countrymen and even highly placed Government officials, who have the good of the people at heart, also support our contention. In a recent meeting held at the Asiatic Society of Bengal, Major R. N. Chopra recommended the adoption of the indigenous system of medicine as the only means of affording cheap medical aid to the rural areas and urged the formulation of a scheme on this line. Men should be trained systematically in properly conducted Colleges and Schools of Indian System of Medicine, who will be efficient workers in the field, but unless the Government come forward, and the University takes up the question, no organised and well-manoeuvred advance on this line is possible.

Here in Bengal the Government's task will be easier. They have only to subsidise the Ashtanga Ayurveda College, as the nucleus of an Ayurvediya University, and then the desired result will no doubt be gradually achieved, by opening up a net-work of schools affiliated to it. The generous and charitably disposed princes, landlords and merchants will then come forward with financial help to advance the cause, and quicker results will be achieved. We trust that a member of the Council will take the matter up and move the Government without any further delay.

Meanwhile we respectfully appeal to our countrymen to come forward with donations, according to their purse, so urgently needed for the completion of the building and also provide for the maintenance of the beds of the Hospital. A sum of Rs 4,500 will support one bed and the donor will have the option of naming it after himself or according to his wishes. A. C. B.

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A BILL TO REGULATE MEDICAL EDUCATION IN INDIA.

Dr. U. Rama Rao of Madras introduced in the Council of State a Bill to regulate Medical Education in India. It followed, in the main, the principles contained in the British Medical Act, 1886, and was also intended to remove the defects experienced in the working of the Provincial Medical Registration Acts. The Bill proposed to establish qualification in indigenous methods of treatment. The Government of India and various Provincial Governments, said Dr. Rama Rao, had recognised the usefulness of the indigenous system of medicine and have even gone to the length of establishing indigenous schools of medicine in important provincial centres. The Bill provided for the recognition of these qualifications on an analogy of the procedure adopted by the General Medical Council of *Great Britain which had recognised the qualifications of the Homeopathic School of Medicine.*

Dr. Lohakare's Bill in the Legislative Assembly and that of Dr. Rama Rao, if passed into law, will recognise the indigenous system of medicine.

OBITUARY.

With profound sorrow we have to announce the death of Shrimati Suniti Devi, the beloved and pious wife of our Chief Hony. Editor, Mahamahopadhyaya Kaviraj Gananath Sen Sharma, Saraswati, M. A., L. M. S. She passed away peacefully on February 27th last, after a short spell of illness, while uttering in full consciousness the name of the Almighty. We offer our heart-felt condolence to the bereaved family.

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VEGETABLE MATERIA MEDICA.

THERAPEUTICS OF SHALMALI.

BY

Vishagbhusan Kaviraj A. C. BISHARAD, M. R. A. S. (London).

—o—

SYNONYMS :—Sha'lmali, Tulini, Mocha', Kukkuti, Raktapushipika', Kantakadhya, Sthulaphala, Pichchila', Chirajibini, Pura'ni, Sthira'yu, Dirghadruma, Tula'briksha, Kantakadruma, etc.

Names in different Languages—

SANS. :—Sha'lmali.
BENG. :—Simul, Rakta-simul.
HIND. :—Sembal, Samal.
URIYA :—Bônrô.
MAHRATTI :—Sambari, Sauri.
TELEGU :—Rugachettu.
CANARESE :—Yabalahadaman.
GUJRATI :—Shemalo.
TAMIL :—Poola, Mul-ilava Maram.
CEYLONESE :—Himbulagum.
LATIN :—Bombax Malabaricum.
ENGLISH :—Red Silk Cotton Tree.

Habitat :—Red cotton silk tree is one of our largest trees, and specially grows in Tropical India. There are three varieties, *Rakta Sha'lmali*, *Sweta Sha'lmali* and *Kūta Shalmali*.

Rakta Sha'lmali grows abundantly in Bengal. It is often about 100 feet high and the trunk is thick and ramous. Its flowering time is the end of the winter when the leaves fall off and the branches are covered with a large number of bright red large beautiful flowers, which attract passers-by even from a distance. The flowers yield a thin exudation and the birds frequent the trees to partake of this as a nutrient food. In rural areas people burn the dried flowers to prepare an alkaline ash with which they cleanse their dirty clothes. In summer, the fruits automatically burst and yield the cotton which is used to prepare pillows and thick mattresses to lie on by the people.

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Sweta Shalmali is of the same built and proportionate thickness with the red variety. In its trunk and branches grow thorns and the flowers are white and pointed downwards. The trunk is used in making boats.

Kuta Shalmali grows in mountainous regions, specially in the Ghats in Southern India.

PARTS USED IN MEDICINE—

Internally :—Roots of young trees, flowers, calyx, juice of the bark, gum or the Mocha rasa.

Externally :—Thorn, Cotton.

DOSE :—

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Dried flowers Pulv—$\frac{1}{4}$ to $\frac{1}{2}$ tolas.
Fresh Juice of Flowers and Calyx—$\frac{1}{4}$ to 1 tola.
Mocharasa or Gum—$\frac{1}{10}$ to $\frac{1}{4}$ tola.

ACTIONS & USES IN AYURVEDA.

शाल्मली शीतला ह्रष्या, ह्रंहनी रक्तपित्तजित् ।
निर्य्यासोऽस्य परं ह्रष्यः शीफपित्तानिलास्रजित् ।
रसायनवरः स्निग्धस्तत्पुष्पं याहि पित्तजित् ॥

—*Madanpal Nighantu.*

शाल्मली शीतला स्वादी रसे पाके रसायनी ।
श्लेष्मला पित्तवातास्रहारिणी रक्तपित्तजित्
मोचास्रावो हिमोग्राही स्निग्धो ह्रष्यः कषायकः
प्रवाहिकातिसारामकफपित्तास्रदाहनुत् ॥

—*Bhabaprakasha.*

शाल्मली शीतला स्निग्धा शुक्रश्लेष्म विवर्द्धिनी ।
तद्वत्तस्तद्गुणो ग्राही स च मोचरसस्मृतः
शाल्मली पिच्छिला ह्रष्या वल्या मधुरसा तथा ।
कषायस्तद्रसा ग्राही पुष्पं तद्वत्तथा फलम् ।

—*Dhanyantariya Nighantu.*

शाल्मली पिच्छिलो ह्रष्यो वल्यो मधुर शीतलः ।
कषायश्च लघुः स्निग्धः शुक्रश्लेष्मविवर्द्धनः ।
तद्वत्तस्तद्गुणोग्राही कषायः कफनाशनः ।
पुष्प तद्वच्च निर्द्दिष्टं फलं तस्य तथाविधम् ।

* * *

मोचरस्तु कषायः कफवातहरो रसायनो योगात् ।
बलपुष्टिवर्णवीर्य्यप्रज्ञायुर्देहसिद्धिदो ग्राही ॥

—*Rajanighantu.*

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Simul is cooling, astringent, alterative, aphrodisiac, tonic and rejuvenator. It cures hæmoptysis, tuberculosis of the lungs, skin diseases, *Kaphaja* and *Pittaja* disintegrations. The gum is astringent, tonic and alterative and is used in diarrhœa, dysentery, menorrhagia, lecuorrhœa, etc.

EXTERNAL USES :

Charaka advises the application of a paste made of the bark to prevent the burning sensation in boils. Vide :—*Chikitsa* 13th Chapter :—

"शाल्मली त्वक् वलामूलं.....आलेपनं निर्वापणम्"।

In boils caused by fire burns *Chakradatta* directs the external application of sand obtained from the bed of a river and cotton, mixed together rubbed well into a paste :—

"पिष्टा शाल्मली तुलकैर्जलगतालेपात् तथा वालुका।

—*Chakradutta—Branashôthachikitsa.*

The same author gives a recipe for the prevention and cure of acne and sunburns in the face :—

"केवलान् पयसा पिष्टा तीक्ष्णाग् शाल्मली कण्टकान्।
आलिप्तं व्रह्मसीतेन भवेत् पद्मोपमम् मुखं॥"

—*Chakradatta—Kshudra Roga Chikitsa.*

A paste prepared of the thorns of Bombax malabaricum and milk, if applied for three days, improves complexion of the face.

INTERNAL USES :

In Leucorrhœa :

शाल्मलीपुष्पशाकन्तु घृत सैन्धव साधितम्।
प्रदरं नाशयेत्येव दुःसाध्यञ्च न संशय।

—*Bhabaprakasha.*

The Flowers of Bombax malabaricum treated with rock-salt and ghee is a very effective remedy in obstinate and chronic leucorrhœa.

In Diarrhœa and Dysentery :—

In diarrhœa and dysentery attended with Ba'taja diathesis, unbearable abdominal colic and thirst, a cold infusion of the calyx of the flowers is recommended.—*Sushruta, Uttara.*

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क्वतं शाल्मली वृन्तेषु कषायं हिमसंङ्कं
निशापर्य्युषितं पेयं सक्षौद्रं मधुकान्वितम् ।
विवद्ध वातविट्गुल्मपरीतः सप्रवाहिकः ।
स रक्तपित्तस्य पयः पिबेत् तस्मा ममन्वितः ।

Harita in *Chik. Chap. X* eulogises the roots of young trees as a great adjuvant, inducing increased generation of semen in the system :

"शुक्रक्षये * * * विदारीकन्द शाल्मली * * शस्यन्ते मधुराणि च ॥

The *green* of the tree (*Mocharasa*) with sugar in equal parts is effectively used in diarrhœa of children.

In the dysentery of children the following is prescribed by *Bhabaprakasha* :—

मोचरसः समङ्गा च धातकी पद्मकेशरम् ।
पिष्टैरेर्यवागूःस्याद्रक्तातीसारनाशिनी ।

R/

Mocharasa
Dhataki flowers (*Woodfordia floribunda*)
Lajjalu root (*Mimosa Pudica*)
Padmakesara (filaments of lotus)

¼ tola each, powdered rice—1 tola, water 11 tolas—Boil together to the consistence of a gruel (yabagu) and administer.

In the dysentery of adults a decoction of *Bela* fruit in goat's milk, is given with the addition of powdered *mocharasa* and *indrajaba* seeds :

बिल्वं छागपयः सिद्धं सिता मोचरसान्वितम् ।
कलिङ्गचूर्णं संयुक्तं रक्तातिसारनाशनम् ।

IN HÆMOPTYSIS :

In *Chakradatta* we find the powdered flowers prescribed with honey to stop hæmoptysis.

" * * * शाल्मलेः ।
पुष्पचूर्णन्तुमधुना लीढ्वाचारोग्यमश्नुते ॥

—*Chapter on Raktapitta Chik.*

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IN SPLENIC ENLARGEMENT :

The flowers should be boiled in water in the night and used next morning mixed with a little mustard :

प्रीङ्गि शाल्मली पुष्पं सुस्विन्नं
शाल्मलीपुष्पं निशापर्य्युषितं नरः।
राजिकाचूर्ण संयुक्तं खादेत्प्रीहोपशान्तये॥"

—*Bhabaprakasha.*

In Bengal, cotton seeds are powdered, boiled and given to the cow to induce secretion of milk. Several English tinned foods prescribed during the period of lactation for women are prepared from cotton seeds.

The *Yogis* eulogise the merits of the roots of young plants powdered and taken with milk and canesugar as a rejuvenator.

ACTIVE PRINCIPLE :—According to Khory the seeds yield 25% of a sweet non-drying oil, of a light yellowwish brown-colour which contains crystalline insoluble fatty acids 92·8%. The cake of the seeds contain nitrogenous compounds, fats, extractive matter, wooly fibre and ash.

The root is astringent, alterative, demulcent, and restorative, used in diarrhœa, dysentery and menorrhagia ; also in high coloured urine with copious deposit. As an alterative and restorative, the natives use a confection in tuberculosis of the lungs and other wasting diseases. The gum is used as an astringent and demulcent for the same purposes but more specially in dysentery, menorrhagia and in diarrhœa of children. Native women use it largely after delivery to stop menses during lactation. It is a chief ingredient in various restorative, expectorant and aphrodisiac confections. Found to be a valuable substitute for gum kins, red gum, etc"—R. N. Khory's *Materia Medica, Vol II. P. 103*).

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Original Articles.

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FOOD IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh).

(*Continued from our last issue*).

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(R) Fish in Ayurveda.

In Ayurveda different properties had been ascribed not only to different fishes, but of the same fish living and growing in different waters. Fish from different sources are also recommended to be taken in different seasons as follows: —

Properties of Fish from Different Sources.

(1) River Fish—Sweet to the taste, heavy of digestion, checks "Vayu," deranges "Pitta" and blood, heating, and increases fæcal refuse.
(2) Shallow water fish—Sweet but deranges "Pitta".
(3) Tank and Pond fish—Palatable and checks "Vayu and Pitta".
(4) Large lake fish—Heavy of digestion.
(5) Fish near Spring—Similar in properties to No. 4.
(6) Well-fish—Deranges "Kapha".

Fish from Different Sources to be taken in Differeent Seasons.

(1) Early winter—from wells.
(2) Late winter—from pond.
(3) Spring—from river.
(4) Summer—from pond and tank.
(5) Rains—from lakes.
(6) Autumn—near spring.

Properties of Different Fishes.

(1) "*Rohee*" *fish*—(Labea Rohu) is the best of all fresh water fishes, sweet to the taste but slightly bitter, increases vitality, checks "Vayu" but increases "Pitta".

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(2 *Boyal fish* (whiting—Sciœnidus Pama) is carnivorous, increases "Kapha", is strengthening, induces sleep, increases "Pitta" and deranges blood. If continued for sometime, it induces Leprosy and other skin diseases of the group (vide in this connection, Hutchinson's fish theory of Leprosy).

(3) *Singhi fish* (Saccho-branchus)—checks "Vayu", deranges "Kapha", is soothing, bitter, astringent, light and appetizer.

(4) *Hilsa-fish* (Indian Herring)—is very sweet to the taste,; due to excess of fat, deranges "Tridosha".

(5) *Shole fish*—is astringent, slightly sweet and good to taste.

(6) *Mourola fish* (Opio cephalus or serpent-head)—is tissue-producer, vitalising and galactogogue.

(7) *Kai fish* (climbing perch —anabus scandeus)—is sweet, soothing, appetizer, checks "Vayu"—increases "Pitta" very slightly.

(8) *Ban fish* (Indian eel)—checks Vayu-Pitta, is light and appetizing.

(9) *Punti fish*—Large variety is slightly bitter but sweet, cooling, appetizer and checks "Pitta and Kapha". Small variety is very bitter, pungent, very slightly sweet, light and checks "Vayu-Kapha".

(10) *Nata or Gorai fish*—sweet, bitter, astringent, checks "Tridosha", appetizer, light, strengthening, good in goitre.

(11) *Magur or cat fish* (Singhi is another variety of cat fish) —is light and strengthening, checks "Vayu", increases "Kapha" slightly.

(12) *Tangra fish* (Macrones Tangra, another variety of cat fish)—stimulates brain, decreases marrow, is appetizing and increases "Vayu-Pitta".

(13) *Bhetki fish*—like Sea-fish, checks Vayu-Pitta and increases "Kapha".

(14) *Fish eggs*—very vitalising and soothing, tissue-repairer, light, increases "Kapha", increases marrow and strength and good in urethral discharges.

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PREPARATION FROM FISH.

(1) Sutki fish—dried in the sun for preservation. It is difficult of digestion, constipating and not strengthening

(2) Burnt fish—The outer layer is burnt on charcoal when the inner flesh becomes more easily digestible, good and strengthening.

MODERN ANALYSIS OF SOME FISH.

Name.	Nitrogen	Fat	Salt.
"Rohu" fish	17·5%	16·4%	2·36
"Magur" fish	18·9%	5%	1·80
"Kai" fish	23·6%	2·84%	2·99
"Singhi" fish	24·56%	4·26%	2·73
"Ban"fish	17·9%	28·4%	
"Tangra" fish	17·2%	0·3%	1·3

Fish therefore contains less proteid generally than beef or goat's meat except "Kai" and "Singhi" cat fish) It is more easily cooked and easily digested except those which contain much fat *e.g.*, big "Rohu", Hilsa or Indian Herring, Ban or Indian Eel, etc.

(C) BIRD'S EGGS IN AYURVEDA.

These are sweet to the taste and strengthening, are good for weak persons, those suffering from diseases of heart and lungs.

(D) MILK IN AYURVEDA.

Milk is said to increase and improve the male and female elements of reproduction, the vital seeds of life It is sweet, oily, soothes deranged 'Vayu", checks "Pitta" and is antibilious, laxative, refrigerant, suiting all stomachs of infancy and childhood, youth and of old age, can alone sustain life (being a complete food), is nutritious and tonic, strengthens body and mind, stimulates sexual tone and prevents premature decay and increases longevity, useful in weakness from sexual excesses, good in fevers, useful in weakness and disorders caused by suppression of calls of nature, is galactogogue, promotes appetite and is useful in acidity, in burning of skin due to deranged Pitta and is readily digestible, specially after it is boiled when it becomes light. It increases digestive powers in the young adult, is the only food of infants and allays several diseases in old men.

Such an important dietary suitable for all ages and so very good in various conditions of ill-health, we get principally from cows and

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hence it is enjoined in the Hindu shastras to preserve the source of such a food, the cow, and not to kill it for meat, which is so unsuitable for our country.

Milk unboiled turns bad after 5 hours, is very bad after 10 hours after which it is practically undigestible and acts as poison to the system. Avoid milk which has changed its colour, is of bad odour or taste, is coagulated or much salty (in cows which have given milk for about a year). Don't take milk during the last part of night, as it is then very heavy of digestion.

Different properties are possessed by milk of different animals and in case of cow's milk, different properties are ascribed according to the colour of skin of such animals (probably to absorption of different colours from the sun's ray, for chromo-therapy ascribes different action on the organism of different rays).

PROPERTIES OF MILK OF COWS ACCORDING TO COLOUR OF SKIN.

(1) Milk of black cows—very wholesome and good in "Vayu" disease.
(2) ,, yellow ,, —good in "Vayu and Pitta" disease.
(3) ,, white ,, —heavy of digestion and deranges "Kapha".
(4) ,, red or speckled cows—good in "Vayu" disease.
(5) ,, small hill ,, —more oily and heavy of digestion.
(6) , scanty eater ,, —heavy, increases "Kapha" very good tonic.
(7) ,, with calves —good
(8) ,, without calves —not good.
(9) ,, calved long ago —good tonic, checks "Tridosha"

PROPERTIES OF MILK OF DIFFERENT ANIMALS.

(1) *Cow's milk*—Its properties have been described above. It varies with the colour of skin, with different species with the nature of food given. In the same breed it varies with age, period of lactation, health, frequency of milking, presence or otherwise of calves, nature of country, power of eating and digestion. The milk of smaller cows have more cream than that of larger ones. The first part of milk is watery and the last part rich in cream.

(2) *Buffalow's Milk* is sweeter and more oily than cow's milk and is therefore heavier of digestion. It is a very good

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hypnotic, is constipating, appetizing, cooling, good food for people of strong digestive powers as also if taken cold after boiling.

(3) *Goat's and Deer's Milk* are astringent, useful in dysentery, sweet, constipating, light, good in hæmoptysis, and in bilious disorders, diarrhœa, bronchitis, phthisis and fevers.

(4) *Sheep's milk*—is saline, heating, oily, good in stones not ordinarily agreeable, upsets "Tridosha", heavy of digestion, causes eye-trouble, good for growth of hair, respiratory trouble, ulcers on tongue, lips and gums. It is the worst of all kinds of milk if taken internally.

The writer has found it very useful as an external application in all sorts of ulceration inside the mouth.

(5) *Milk of Animals with Uncloven Hoofs e.g.*. Ass, Mule, Mare, etc. Such milk produces dryness, is light of digestion, good in "Vayu" diseases as also diseases of extremities, is tonic, slightly sour and saline, causes lassitude, decreases urine and is bad for eyes.

(6) *Human Milk*—very sweet, is soothing to the eyes and good when taken unboiled.

MODERN ANALYSIS OF THE DIFFERENT KINDS OF MILK.

Name	Proteid	Carbohydrate	Fat	Salt	Water
Human	1·5	6·5	3·5	0·2	88
Cow	4·	4·8	3·7	0·7	87
Buffalow	4·4	4·8	9	0·8	81
Ass	1·79	5·5	1·02	0·42	91
Goat	3·62	4	4·02	0·56	88
Sheep	7	4·02	5·3	0 1	82

MODIFICATIONS OF MILK.

(I) *Skimmed milk* is one from which the fat has been extracted by the process of skimming. It is much light of digestion.

(II) *Khira* or Milk condensed by boiling. It corresponds to about 3 times its volume of fresh milk. It is very heavy of digestion

(III) *Dahi* or Sour milk of India. (It corresponds to sour milk of Bulgaria, "Koumiss" of Russian Tartars, "Kepher" of the Caucasians, "matzoon" of the Armenians, "Yoghoort" and "Yaourt or Leben". (The Lactic bacillus in "Dahi" is named "Streptothrix Dahi" of Chatterjee.)

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It is acid, astringent, heavy, heating, relieves "Vayu", produces marrow, semen, strength and blood, aggravates "Pitta and Kapha", helps digestion, good in dropsy, is palatable and appetizer and useful in fevers, cold and stranguary.

It is not advised to take it in spring, summer, autumn and at night time. It is not advisable to take it if heated by exposure to sun's rays or when prepared from milk not properly congealed Its daily and regular use throughout the year is condemned.

It is good for meat-eating stomach, when proteolytic colli predominates. It aggravates amylolytic fermentation and hence the Ayurvedic restriction of its free use by vegetarians.

PROPERTIES OF DIFFERENT KINDS OF "DAHI".

(1) If not properly congealed - it is purgative, diuretic and produces lassitude or on the other hand locks up secretions.

(2) If completely congealed—it is good in piles and biliousness.

(3) If very sour—it produces acidity.

(4) If from skimmed milk—causes lassitude, good in dysentery, diarrhœa or constipation.

(5) If from boiled milk good all round.

(6) If from sweetened milk good in thirst, biliousness, burning of skin, and blood derangements.

(7) If sweetend with "gur" (molasses)—heavy of digestion.

(8) If curd is strained—it is cholagogue.

(9) Thick portion of curd—helps in expelling scybella.

(10) From goat's milk ("kephir")—good in congestion, delirium, concussion and compression of brain as an external application.

(11) From which fat is extracted—good in diarrhœa.

(IV) *Ghol* or Whey—is "Dahi" churned with large quantity of water to which a little salt is added and strained - Analogous preparations are butter milk and Lemon whey.

It increases appetite, is light of digestion, slightly acid, digestive, checks "Vayu-Kapha", good in dropsy without salt, piles, diarrhœa, strangury, jaundice, good for indigestion after taking excess of "ghee" (clarified butter). (It possesses all the advantages of "Dahi"

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without its bad effects and hence it is recommended in a large class of cases with or without other medicine). It can be taken regularly throughout the year. It is good in indigestion following partaking of physiologically incompatible foods. It is slightly constipating and is good in anorexia, nausea, vomiting and rheumatism. If prepared from "Dahi" from unskimmed milk, it is more nutritious.

(1) With fried ginger and salt—good in "Vayu" disease.
(2) „ sugar—antibilious, good in jaundice and anorexia.
(3) „ ginger and the three peppers (Trikatu)—good in "Kapha" diseases.
(4) „ ptychotis, rock salt and assafœtida—checks "Vayu" and tympanites, relieves biliary colic.
(5) „ molasses (gur)—checks strangury.
(6) If taken slightly hot—good in bronchitis, asthma, etc.
(V) Froth of milk—is constipating, good in diarrhœa, dysentery, indigestion, fever, etc.

PREPARATIONS FROM MILK.

1. *Chhana* (milk coagulum or clot) is a speciality of Bengal and until recently was not prepared in any other part of India. It is prepared by curdling milk by the addition of curd, Lemon juice or Alum. Prepared by the addition of Lemon juice (from fresh Lemons' it has an agreeabie aroma and is good for patients suffering from nausea or distaste for food, or inability to retain liquid food. It contains the casein of milk mixed with milk fat with a little milk salt and milk sugar. It is allied to cheese but far more easily digestible if taken fresh, is good in persons with acid dyspepsia and as much nutritious as cheese but more pleasant to take. It is the best form of taking proteid food in the tropics, as it is not so constipating and heating as meat, does not contain any parasite of meat, does not strain the digestion like the pulses and leaves no large indigestible residue like the latter. Economically and from a humanitarian aspect it is better than meat, for the animal is not killed.

THE PULSES.

The following varieties have been described in Ayurveda :—

Mug or phaseolus mungo.
Mugain or phaseolus Trilobus.
Mat or phaseolus Aconitifolius.
Mashkalai or phaseolus Roxburghi.

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Kulthi kalai or Dolicos unifloris.
Sim or Dolicos Lablab.
Barbati or vigna sinensis.
Mashani or glycene Labialis.
Matar or pisum sativus.
Masur or vicia Lens.
Bût or cicer Arictenum.
Rahar or cajanus Indicus.
Khesari or Lathyrus sativus.

Mug or green gram (phaseolus mungo)– 2 varieties have been described, the golden yellow (Sona mug) and the greenish black (Krishna mug) and several other minor varieties. The golden yellow variety is the best

Its actions are drying, light of digestion and astringent. It checks Kapha and Pitta, deranges Vayu very slightly (due to sulphur), cooling, sweet, good for eyes and febrile conditions.

Kalai or phaseol (Phaseolus Roxburghi)—Three varieties have been described, of which the large-grained variety is the best.

Its actions are :—heavy of digestion, sweet, soothing, appetizer, checks Vayu, increases Pitta and Kapha, heating, of good taste, prevents secretion of urine and fæces, good in rheumatism and nervous diseases as external application, galactogogue, improves marrow, good in colic, piles, etc.

Rahar—or Pigeon Pea (cajanus Indica)—Two varieties, of which the large-grained from U. P. is the best.

Its actions are :—Sweet, bitter, drying, cooling, light, and astringent improves complexion, checks Tridosha and derangement of blood.

Masur or Lentil (vicia lens)—Its actions are :—Sweet, astringent, cooling, light and drying, increases Vayu, checks Pitta and Kapha, derangement of blood and good in fevers.

Bût or Gram (cicer arietenum)—It is taken both unripe (green) as well as ripe as "dal".

Actions of green or unripe, taken raw, are :—appetizing, cooling and bitter, increases Vayu, checks derangement of blood, Pitta and Kapha, astringent and light.

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Actions of ripe, taken boiled, are :—cooling, drying, light, and bitter, increases Vayu and produces wind, checks Pitta, Kapha and blood derangement, good in fever.

Matar or Pea (Pisum Sativa)—Drying, cooling, checks Kapha and Pitta, deranges Vayu.

Khesari or Vetch (Lathyrus sativus)—Sweet, bitter, astringent, very drying or irritating to the nerves or Vayu, checks Kapha and Pitta, appetizing and cooling.

Kulthi or Horse gram (dolichos unifloris)- Bitter, increases blood and Pitta, light, heating, checks sweating, good in fevers, gravel and urinary disease.

Barbati (Vigna Simusis) :—Three varieties have been described; white, red and black. Its actions are :—heavy, sweet, bitter, increases fæcal matter, drying and increases Vayu, galactogogue and very strengthening.

Sim (dolichos Lablab)—Two varieties have been described, *viz.*, white and purplish black. Its actions are :—Sweet, cooling, heavy, strengthening, increases Kapha, checks Vayu and Pitta.

Bokla (Vicia Faba)—is not a native of India but is extensively grown by poorer people in Chota Nagpore. Its actions are diuretic and expectorant and is rich in proteid and phosphoric acid.

General Action of Pulses.

Mug, Musur, Bût and Matar—derange Vayu, check Kapha and Pitta.

Mash-Kalai—checks Vayu, deranges Kapha and Pitta.

Khesari—irritates Vayu and causes Nerve disease.

Sim checks Vayu and Pitta, and deranges Kapha.

Rahar—checks "Tridosha."

Soup of "*Mug*" is recommended in convalescence after fever and acute illness (to stimulate Vayu or Nervous System much depressed). "*Mash Kalai*" is used internally and externally in paralysis, rheumatism and Nervous affections generally (to soothe irritation of Vayu or Nerves). "*Masur*" is a galactogogue and good in bowel complaint in the form of soup. "*Kulthi Kalai*" is antilithic, good in gravel. "*Khesari*" irritates Nerves. "*Barbati*" is galactogogue. "Pea"

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is the favourite pulse of India and is used as an article of food in various ways in the unripe and ripe state.

"*Chatu*" is "pea" ground into a mealy form. It is light of digestion, checks hunger, thirst and fatigue, good for eye disease and boils, strengthening, not to be taken more than once a day nor in excess, nor after full meal ;—water should not be taken after it.

MODERN ANALYSIS OF PULSES.

Name	Proteid	Carbohydrate	Fat	Salt	Fibre (Cellulose)
"Mug dal"	24	60	2	3	4·2
"Mash Kalai dal"	22	62	2·2	3	4·8
"Cholar dal"	22·8	66·7	4·2	2·5	1
"Rahar dal"	20	56	2·75	8·5	7.5
"Matar dal"	25	58	...	2	...
"Masur dal"	24	57	2	4·5	1·2
"Khesari dal"	28	56	0·9	3	...
"Barbati dal"	24	59	1·1	3	4·2
"Kulthi Kalai dal"	23	61	1·9	3·7	5·4
"Chatu"	25·46	57 35	1·33	4·68	...

The pulses contain a large amount of proteid, but they are less digestible than meat. They cause flatulence due to their containing Sulphur which liberates H^2S gas. It is the chief source of Nitrogen in vegetarians.

Roughly Meat, Chana (milk coagulated) and Chatu (pulv gram) contain the same percentage of proteid whereas "Chana" is the most easily digestible, 'Chatu" is the least. "Chana" and Meat cause constipation, "Chatu" is laxative. Both "Chana" and Meat are animal Nitrogen, but while Meat is heating, "Chana" is not so and more suitable in the tropics in summer. "Chatu" is good for very poor people doing much physical work as it is very cheap.

MODERN ANALYSIS OF "CHANA", "CHATU" AND GOAT'S MEAT.

Name.	Proteid	Carbohydrate	Salt	Fat
Chatu	25·46	57·35	4·68	1·33
Goat's meat	24	nil.	1·1	2·5
Chana	23	56·5	1·5	18

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(F) FATS & OILS.

(II) *Animal Fats.*

These in Ayurveda are Butter and Cream (Nani), "Ghee", animal fat (analogous to margaraine) and Bone marrow.

1. *Butter or "Makham"* is prepared from curdled milk. If fresh it is constipating, cooling and light; if old, excites nausea, irritates Pitta and Kapha and is heavy of digestion.

Generally it is vitalising, cooling and strengthening, improves complexion and appetite and is astringent, good in "Vayu-Pitta" diseases, piles, Rakta-pitta diseases, "Kapha" diseases and certain diarrhœas.

2. *Cream or "Nani"* is prepared from fresh milk.

(*a*) From Cow's milk—is astringent, good in eye disease and hæmoptysis.

(*b*) From Buffalow's milk—Increases "Vayu-Kapha", relieves Pitta, strengthening and more fattening.

3. *Ghee* is butter purified by slight boiling. It is good for the young and the aged, increases eye-sight, power of thinking, memory and understanding (brain-food), appetite and strength, increases vitality, longevity, improves complexion of the body, is soothing, clears voice and forms the basis of the "Ghrita" groups of medicines for internal use and for external use in ulcers, burns, erysipelas, etc, is good in "Vayu-Pitta" disease, neutralises effects of certain poisons, is good in mania, Phthisis and chronic fevers. It is the best of fatty foods and combined with various medicines is variously used in different diseases.

"Satadhauta Ghrita" or ghee washed a hundred times in water, is good for eyes and other diseases.

The object of a hundred washing is to increase the potency (cooling property) of ghee on the homœopathic principle of "manipulation" and is an illustration of the application of homœopathic principle in Ayurveda.

"*Ghee*" prepared from milk of different animals are said to have different properties, as follows :—

1. From Buffalow's milk– checks hæmorrhage due to "Pitta-Rakta" disorders.

2. From Goat's milk—good for eyes, tonic for lungs.

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3. From Sheep's milk—good for ulceration in the mouth and tongue—writer found it temporarily checking a syphilitic ulcer of mouth.

4. From human milk—good for eyes.

Old ghee is good in Vayu diseases, *e. g.*, hacking and frequent cough of throat ; eye and ear diseases, headache, crops of boils, etc., and as a soothing application to the chest in Bronchitis and other lung condition (compare the action of Cod-liver oil on the chest in similar conditions, when "cough is useless" and therefore irritating to Vayu.)

The internal use of ghee is prohibited in advanced stage of phthisis and in mucous diarrhœa.

Regarding the relation of ghee to diseases and seasons the following is stated ;—

(*a*) In "Vayu" diseases—take ghee at night in summer.
(*b*) In "Kapha" diseases— „ at day time in winter.
(*c*) In "Pitta" diseases— „ at noon when sun is bright.

4. *Animal fat*—several animal fats are recommended to be rubbed externally in different diseases, *e. g.*, of tiger, of dolphin, etc., in rheumatism.

5. *Marrow of bones*—checks Vayu, is strengthening, increases Pitta (improves blood) and Kapha. Its action varies depending on the animal from which it is taken.

Different fats are to be preferred as articles of diet in different seasons of the year. Take oil (vegetable fat) in rains and at day time in winter ; ghee (animal fat) in autumn and summer ; lard and marrow (animal fat) in spring.

(II) *Vegetable fats or the various Oils.*

(*a*) Oil from "Til" (Sesamum Indicum) should not be taken internally for it is very pungent, produces skin diseases and is bad for eyes Applied externally it is soothing to the skin and does not excite "Kapha". It relieves worms if taken internally but produces tympanitis. Boiled with various medicines it takes up their properties. It is the basis of medicated and scented hair oils.

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(*b*) Castor oil—is slightly bitter, pungent and sweet, is heavy of digestion and acts as a laxative, relieves wind and mucus, good as laxative in fevers, good in pain inside rectum and in lower part (' small') of back.

(*c*) Mustard oil—bitter. heating, pungent, light of digestion, increases Pitta and blood, relieves Kapha, wind, piles, worms and boils. It is taken as food by Bengalis.

(*d*) Cocoanut oil—is taken as food by Madrasis, is good as basis for hair oils. It is soothing and good for "Vayu" diseases.

(G) CEREALS.

These described in Ayurveda are wheat, rice, oat, millet, joi (Holchus Sorghum , Bajra (Panicellaria Spicata) Marua (Elensium Corucana) etc.

(*a*) *Wheat*—3 variets are described.

(i) *Large-grained*—coming from the Western provinces, is sweet, soothing, checks Vayu-Pitta but increases "Kapha", is heavy of digestion if new, vitalising, strengthening, soothing, laxative and appetizing.

(ii) *Small-grained*—coming from the North Western Provinces, has the same property as (iii).

(iii) *Nishuka or beardless* or without "awn"—is soothing, cooling, sweet, checks Pitta, light of digestion, vitalising and generally good.

One year old wheat is recommended as more easily digestible and good for convalescents and persons of weak digestion.

Properties of Wheat.

Suji (Semolina) is a strengthening food.

Rice—3 varieties are described

(*i*) *Sali or Dadhkhani*—reaped in the cold season. It is sweet, astringent, soothing, strengthening, makes foeces solid, slightly binding, is light of digestion, appetizer, vitalising, deranges "Kapha and Vayu" slightly, checks Pitta, cooling and increases urine.

(*ii*) *Brihi*—reaped in the rains ; is sweet, cooling, light of digestion and having similar properties to (iii).

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(*iii*) *Shastika*—reaped in summer from low lands. It is sweet, cooling, light. astringent and similar to (i) except that it checks "Vayu-Pitta."

New rice is heavier of digestion than one year old ones. Hence the latter is recommended for convalescents and persons of weak digestion.

Preparations from Rice.

(i) *Khai* or fried rice—is appetising, light, soothing, cooling, checks thirst, relieves vomiting as "Khai-manda", as also diarrhœa, urethral disease, Kapha-pitta diseases, and respiratory trouble, is laxative if taken with warm milk.

(ii) *Chura* or thrashed rice—is heavy, strengthening, increases Kapha and produces tympanites.

(*c*) *Oat*—is sweet, astringent, cooling, drying, appetizing, strengthening and constipating. It deranges "Vayu". The gruel is easily digested and is a good food in painful dyspepsia.

(H) Other Starches.

(*a*) "Sathir palo" or pulv of "Sathi" (Curcuma zeadoaria) is laxative and a good food in infantile Liver.

(*b*) "Paniphal-palo" or pulv of "Paniphal" (Trapa Bi-spinosa) is lighter than wheat.

Modern analys of some starches.

	Proteid	Carbo-hydrate	Fat	Salt
Wheat flour				
Coarse (Ata)	12·9	70·3	2	4
Fine (Maida)	9·5	75·3	2	4
Oatmeal	13	69	5·6	3
Rice	7 2	76·8	0·6	1
Khai	5·7	50	...	...
"Sathir palo"	5·6	72	...	...
Paniphal-palo	8·6	74·7	...	...

To be continued.

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BHASKARA

BY

DR. GIRINDRA NATH MUKERJEE, B. A., M. D., F. A. S. B.

—o—

Dallana mentions Bhaskara as one of his sources in the introduction to his Nivandha Samgraha. There he is spoken as a Panjikákára or Annotator– श्रीगयदास भास्करौ च पञ्जिकाकारौ। But Bhaskara is not once quoted by name in the commentary. This fact, Hoernle thinks, was due to the identity of Bhaskara and Kartik Kundu, for the latter though not mentioned as one of the sources, is frequently quoted by Dallana. Hoernle's arguments are :—

1. Bhaskara is named as a source of information by Dallana, but he is not once quoted by him in the Nivandha Samgraha.

2. Kartik Kundu is not named by him as a source but he is rather often quoted by him in the commentary (about 15 times).

3. Vijaya Rakshita and Srikantha Datta and the commentators of Mádhava Nidána frequenlty quote Kartika but never Bhaskara in connection with Sushruta's texts.

4. Both Bhaskara and Kartik are not quoted by Chakrapani Datta. He may be the Bhaskara Bhatta in the Patna iniscription (Epigr. Ind. 1; 340, 345) on whom King Bhoja conferred the title of Vidya-pati or Master of Science. So Bhaskara was a younger contemporary of Chakrapani Datta (1060 A. D.) Hence neither Bhaskara nor Kartik is mentioned by Chakrapani Datta.

But the arguments will not stand the scrutiny of a critical study of the Nivandha Samgraha. Dallana distinctly mentions the names of Bhaskara as an annotator in the introduction to Nivandha Samgraha. So it was not obligatory to him to name him often in the commentary. It is true he has quoted many authorities by name but surely he has not invariably followed that practice. Similarly he has never quoted Sri Madhava by name though he is cited as a source of Dallana's information. Moreover Dallana has not exhausted his list of sources in the Introduction for at the end of the names he has added श्रीमाधवब्रह्मदेवादीन। This addition of आदीन, is not due to any slip-shod care-

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less composition but is done expressly for informing his readers that besides the authorities named in the list he has other sources of information which he thought useless to write by name separately, as these would all come under आदीन, *i.e.*, "others". By this view, we can account for the omission of such names as Kartik Kundu in the list, though they are often quoted in the commentary. We can also explain why the names of Bhaskara and Srimadhava do not occur in the commentary though they are distinctly stated to be his sources. We should bear in mind that Dallana has not always named his authorities in his quotations. In fact he has quoted the opinions of others, rather frequently, in this way : "कैचित् इति कैचित्" *i.e.*, some say, others say, etc. So it is not proper to say that Bhaskara is never quoted. All that we can say is that we do not find the name of Bhaskara in the commentary but we are not in a position to affirm that Bhaskara's reading or annotations are never quoted in the Nivandha Samgraha. In fact Dallana has named two annotators, Gayadasa and Bhaskara (Panjikakara) ; he has often quoted Gayadasa or Gayi by name, but once we find him to quote बृहत्पञ्जिकाकार— 'The great annotator", and many times Panjikakara simply or annotator. Now to whom do these epithets apply ? Surely not to Gayadasa, though he may be referred to thus, for he is often quoted by name. Thus we see that we cannot be sure that Bhaskara is never quoted, though his name does not appear in the Commentary. Let us recapitulate our arguments against Hoernle's objections :—

1. Bhaskara is named as a source in the list.

2. The list is not complete as Dallana adds.

3. The two Panjikakaras are Bhaskara and Gayadasa. Gayadasa is often quoted by name. Dallana also quotes Panjikakara separately many times. To whom can it refer but to Bhaskara ?

4. The authorities as stated in the list need not be quoted by name. So we find the names of Bhaskara and Srimadhava, though mentioned in the list, do not occur in the Commentary.

5. We need not be constrained to find other names in the Commentary, besides those mentioned in the list. For we find in his work, many names besides those mentioned in the list as Bhoja, Kartika Kundu and others. Hoernle tried to eliminate this objection observing that Bhoja and others were writers of

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text books. This may be true of Charaka, Sushruta and Vagbhata but we are not sure that Bhoja wrote any treatise. Moreover, the same author might have written original Texts and commentaries of other's works, which are perhaps lost to us.

5. Again we know of one Bhaskara Bhatta, the author of Sharira Padmini, and as Hoernle suggests, he might have been the Bhaskara of Dallana's list. We also find Bhaskara quoted by name by Madhava Kaviraja in his Mugdhabôdh.

6. Thus we cannot accept for the present that Bhaskara and Kartika Kundu are the names of the same author. The other commentators have nowhere hinted at the identity of the two individuals and there is no tradition amongst the Vaidyas to support such a conclusion.

REPORT OF VEDIC & UNANI TIBBI CONFERENCE.

—:o:—

14TH SESSION AT DELHI.

PRESIDENT :—MAHARAJA BURDWAN.

The 14th session of the All-India Vedic and Unani Tibbi Conference was opened at Delhi on March 6th by the Maharajadhiraja Bahadur of Burdwan. There was a fair attendance Rai Bahadur Lala Sultan Singh in inviting the Maharaja to open the session of the Conference said that the Unani Tibbi and Vedic were remnants of the faded glory of the Muslims and the Hindus in India. It was a sign of the times that not only the Vaids and Hakims but the general educated public were taking an ever-increasing interest in the indigenous system of medicines in India. He suggested that the Central agency of the All-India Vedic and Unani Tibbi Conference should be strengthened to protect and safeguard their interests.

The Maharaja of Burdwan in course of his presidential address said that in these modern times it could not be denied that people were mostly enamoured of the Western system of medicine for the efficiency and relief it gave to their physical systems, yet it had to be admitted that outside large cities or rural towns of some importance there were by no means good Hakims or Vaids to be had either for love or for money. The speaker said that it was refreshing to find that in the field of Medicine at any rate there could be no communal question. He warned against the practice of adopting into Unani, Tibbi and Vedic systems European or American methods of improvements. It would be a dangerous experiment and not only would it give facilities to habitual adulterants in India to adulterate like ghee, some of our indigenous drugs but to prostitute these very ancient sciences themselves. He was however in favour of research work within limited bounds and to examine carefully as to whether or not Indian stock of indigenous drugs could be revived and enlarged by such agency and to see whether good and at the same time inexpensive medicines relating to these two schools of medicine suitable to Indian climate could be put in the market for sale and consumption.

The Secretary then read out the annual report which was adopted and the Maharaja of Burdwau declared the Ayurvedic and Unani Tibbi Exhibition open. The session lasted for three days and a number of resolutions were discussed and adopted.

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SOME CLAIMS OF AYURVEDA.

(Concluded from our last issue).

DIETO-THERAPY IN AYURVEDA.

Ayurveda has given a higher position to food over drugs in the treatment of diseases.

"Food", says Bruce in his Principles of Treatment, "is not a mere matter of feeding or giving nourishment. It is to be employed as a means of treatment at once powerful and delicate, calculated not only to nourish the tissues, but to produce immediate, specific and remote effects of perfectly definite and natural character on the different organs of the body just like different drugs. Beginning with its admission in the mouth and ending with the elimination of its products by the different organs of excretion, food possesses a remarkable number and variety of physiological actions in respect of kind, form and amount and the frequency with which it is given. So potent a means of treatment ought to be intelligently handled in obedience to clearly defined indications".

For, says Ayurveda, diseases can be cured without drugs (natural recovery), but no amount of drugs however vigorously used can cure a disease, if improper food is given.

"Study Indian prejudices regarding diet. Don't fall into the grievous error of regarding these as non-sensical." (Late Sir Pardey Lukis, B. M. J., October 1913.)

For these prejudices regarding diet are based on popular knowledge of Ayurvedic medicine. There are clinical reasons behind each.

Thus milk is prohibited in acute fevers in the earliest stages. "In the first place the digestive system is below par from diminished digestive secretion due to increased body heat and due to Junker's degeneration in the secretory cells of the alimentary tract and thus the hard lumpy casein of milk cannot be digested in a stomach accustomed to take such an easily digestible food as rice." (Dr. Hem Ch. Sen.)

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Further, the peptic digestion of average Indians is below par than that of meat-eating Europeans, to whom milk is a very light food. The resulting auto-intoxication adds to the discomfort of the patient and taxes his resisting power.

Milk is again prohibited in the acute stage of Bronchitis for different reasons altogether. The principle of Ayurvedic treatment is to cut short the inflammation by which the secretion of mucous is quickly reduced and soon stops. Both milk and sweets aggravate the condition and increase the secretion.

When the patient is very weak or debilitated as the result of chronic disease, *e.g.*, bowel disease, phthisis, etc., milk is advised to be given in medicated forms.

Fat is ill-borne in bad Liver. The simplest way to remove fat from milk is to boil it with mutha (Cyprus Rotundus tubers) when all the milk fat floats on the top and can be mechanically removed. Incidentally we may mention that "mutha" relieves congestion of the Liver and hastens the action of the kidneys.

The properties of milk of various animals is described in Ayurveda. The action of the various modifications of milk like whey, curd, etc., are fully described

Since the isolation of culture of lactic bacillus in Bulgarian sour milk, it became the rage in Calcutta to try Dahi (containing also lactic bacilli culture named streptothrix dahi) in every case of illness with often unpleasant results. The practitioners forget that lactic bacilli culture is good in only certain forms of colli (Proteolytic) and not the other forms. It was very useful in the stomach of meat-eaters and not otherwise. The uses and limitations of "Dahi" are clearly described in Ayurveda.

The therapeutic properties of water from different sources and of big rivers of India are minutely described in Ayurveda.

It is said that a food produced in a country is most suitable to the natives of the place. Hence every practitioner of medicine in India, to whatever school he belongs, ought to study Indian dietaries from Ayurvedic books.

Ayurveda like western medicine is not content with describing the nature of diet suitable in each disease, but have given a detailed list of foods suitable or otherwise in a particular disease as well as recipes of invalid and normal cookery.

"The dietetic and therapeutic properties of a large number of articles of human consumption as well as the chemical changes

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undergone in the digestive apparatus have been studied and analysed in Ayurveda". (Dr. S. N. Gossain in Vishagratna's Sushruta.)

"Nutrient Enemas are recommended in certain diseases in Ayurveda" (Ibid).

Western medical men will be surprised to learn that Ayurveda recommended both Allen and Joslin's diet as well as Howland and Marsh's diet in appropriate cases of diabetes.

Western medical men are yet to learn that there is such a clinical fact as physiological incompatibility of certain foods. A whole chapter is devoted in Ayurveda to it. If strictly followed it will prevent the sad breakdowns in health so common in these modern enlightened scientific days.

Regarding special dietary we may mention that "milk of a she-camel is good in certain obstinate skin diseases; salt-free diet in certain cases of Bright's disease (a recent acquisition in the West), salt and water free diet and pure milk in chronic obstinate diarrhœa, and the free use of animal food in suitable form in Tuberculosis." Instances like these can be multiplied to any extent.

The dietary of a patient taxes the ingenuity of the physician to the utmost, particularly so in India where one has to limit himself to Indian food stuff, take into account Indian constitution, his prejudices, his peculiar habits varying with race and religion, cast and creed.

The exponents of the Western system practising in India, however up-to-date they may be in the principles of dietary, are often handicapped in prescribing suitable diets to their Indian patients. The study of Ayurveda is imperative in this respect to each and every one of them.

In studying the Indian diets on modern lines, the various salts and vitamins present in such diet will be unearthed and their proper uses increased.

FASTING.

The importance of fasting in certain diseases, *e.g.*, acute fevers, is early recognised and discussed in full in Ayurveda.

"For in certain diseased conditions," says Captain Murti, "the digestive hormones and enzymes are not properly secreted and fail to act causing intestinal intoxication".

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A whole chapter is devoted in Ayurveda to the subject of fasting, why to fast, when to fast or otherwise, how long to fast, the effects of insufficient fasting and overfasting, etc.

The importance of fasting is a very recent acquisition of the West, Vide Sand's article in B. M. J. epitome November, 12th, 1904 and Major Austin's article in the I. M. G., September 1919.)

THE TRIDOSHA THEORY OF AYURVEDA.

Space prevents us to discuss this theory as it has, already discussed elsewhere. We will refer our readers to the following articles and books :—

(1) Late Dr. Hem Chandra Sen's article in the Indian Medical Record,—a brief reference is given.
(2) Dr. S. N. Gossain's discussion in Vishagratna's translation of Sushruta.
(3) Mahamahopadhyaya Gananath Sen's article in the Journal of Ayurveda, June 1925.
(4) Editorial in the Journal of Ayurveda, June, 1925.
(5) Kabiraj Jogendra Nath Sen's interpretation in the Andhra Medical Journal, June 1924.
(6) Dr. A. T. Roy's articles in—
  (*a*) Antiseptic, Madras, October 1923.
  (*b*) Pantherapist, Chicago, December 1922.
  (*c*) Indian Medical Gazette, February 1923.
  (*d*) Health and Happiness, June to August 1923.
  (*e*) Hakeem and Vaidyan, Madras, May 1924.

In the recent interpretation of the Tridosha Theory of Ayurveda by Majors Acton and Chopra there is a mistake ; Pitta is described as anabolic and Kapha katabolic. It is just the reverse. (vide Majors Acton and Chopra's article, I. M. G., July 1925).

REMARKS.

We have put forward some of the various claims of Ayurveda from internal evidence. It is impossible to exhaust the list.

A calm and unbaised examination of the clinical facts and theories of Ayurveda will reveal to the assiduous student not a few of the marvellous achievements of modern Western medicine. This study will stimulate new ideas, open up new vistas of vision to the seeing eye.

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Hence the Editor, INDIAN MEDICAL RECORD, May, 1919, had stated that "we invite every honest man to study Ayurveda in an honest frame of mind".

For a critical study of Ayurveda will show to the true scholar many a new idea in various stages of development unknown even in modern scientific medicine.

A calm and dispassionate observation and enquiry will convince any one that in some diseases, Ayurveda is superior to modern Allopathic treatment (vide I. M. G., February 1923)

One would require a broad outlook and insight into basic principle before he begins his study of Ayurveda of which he is a complete stranger.

Those who will not or cannot study Ayurveda have no right to pronounce any judgment over it.

Comparative study broadens one's mental horizon. The different schools of medicine study the same subject from different angles of vision.

To quote the words of Dr. Shedd (Pantherapist, April 1922) :— "It is delightful to wander through one's own country, but it is also beneficial to cross the border and ascend some far-seeing mountain's summit to look back on the familiar picture, its hamlets, cities, rivers, lakes and hills". It is delightful to study one's own system but it is extremely interesting to study the same problem (of health and disease) from different angles of vision".

V.

SOME CRITICISMS OF AYURVEDA AND THEIR REPLY.

(A) *Ayurveda is empirical, not scientific.*

Those who have followed this article, if not unreasonable, will think it otherwise.

"Ayurvedic books", says Dr. Ekendra Nath Ghosh, "testify to the vast experience and keen observation of the ancient physicians and its practical application at the bedside".

"The informations contained in Ayurveda", says the Editor of Kalpadrum, Madras, "is the result of experiments and investigations done by several experts long ago and handed down to the later practitioners of the system."

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Imagine what will be left of modern Western medicine, if there is no paper and printing machine in the world, say after a century. Only clinical facts will be remembered, concise notes will be left in place of elaborate explanation and detailed description of experiments. Consider the vicissitude through which Ayurveda has passed, not through one but several centuries.

Even modern Western medicine is not completely free from empiricism. Even if we suppose Ayurveda to be empirical, we can not ignore the clinical truths in it.

"In case of Empiric beliefs handed down to us from time immemorial", says Lorand of Carlsbad, "even medical science which has undoubtedly profited by such statements, should not pass by".

"If you follow a sound principle a little empiricism will stand you in good stead. The observation of any person, however profound, being the observation of an individual of brief lifetime and limited faculties, need some tempering by traditional lore, the embodied opinion of a vast number of observers through a long period of time". (Sir Clifford Albutt).

(B) *Ayurveda is not Progressive.*

Those who have studied the whole literature of Ayurveda will find that the Ayurveda of Charaka and Sushruta is different from that of the Tantrik period and this again differs from that of the later-Tantrik period and this last again from that of the Mahomedan period In the last works several drugs of Yunani system had been incorporated. With the advent of the Portugese in India, syphilis came into the country and books of that time *e. g.*, Bhabprakasha, first describe the disease as Fairingo Roga or disease brought by the Ferringhees or Europeans.

In conclusion it may be stated that while the Editor, *British Medical Journal*, adversely criticised the Madras Indigenous Medical Committee's report, he is constrained to admit that—

"Physiology is the science of Prakriti and it studies man in the mass and *can not at present measure the delicate shades of difference that distinguishes one temperament from another. .... Physiology has hardly approached the threshold of this subject*" as Ayurveda has done. Comment is superfluous. (Vide B. M. J. Editorial, September 15, 1924.)

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Reviews and Notices of Books.

Rasakamadhenu :— By Baidyabara Sri Chudamani : compiled and edited by Vaidya Pandit Jadavji Trikamji Acharya, Bombay. Price Rs. 5/- only.

This excellent work on Hindu Chemistry was written by Sri Chudamani and is a very reliable Sanskrit publication on *Rasashastram*. No body can accurately tell the period when the author lived and composed this volume. As already noted in our last issue, it consists of 4 parts, *viz.* 1) *Upakaranapad*, (2) *Dhatusamgrahapad*, (3) *Sutakarmapad* and (4) *Chikitshapad*, the latter having already been reviewed. The present volume under review, consists of the first three parts and deals exhaustively with descriptions of Yantras or Instruments and other accessories necessary to fit up a Chemical Laboratory. The Second part deals with Dhatusamgraha or the collection of choice metals and precious stones and other minerals for correction and reduction to be made ready for medicinal use. The third part is entirely devoted to mercury and its correction and reduction as also of the various minerals used in the manufacture of medicine. Recipes of various important preparations are also given in this part. We recommend the volume as an authoritative work on *Rasashastra* which can be used as a text-book on the subject.

Rasa Prakasha-Sudhakara :— by Yashodhar. Compiled and Edited by Vaidya Jadavji Trikamji Acharya. Second Edition, 372, Bara Bazar Street, Fort, Bombay. 1923. Price Rs. 2 only.

This is also a splendid volume on Hindu Chemistry and in thirteen chapters deals with the subject matter in its various aspects. The last two chapters deal with certain useful and effective alterative and aphrodisiac remedies. All students of Ayurveda will find these two books very useful in their practice.

With this volume is attached a short treatise called *Rasa-sanket Kalika* by *Kayastha Chamunda*, which gives a summary of several processes used in connection with Hindu Chemistry and will be found to be of great antiquarian interest.

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Rasayanakhanda :—By Shri Nityanathasiddha. Edited by Vaidya Jadavji Trikamji Acharya, 372, Bara Bazar Street, Fort, Bombay. Price As. 8 only.

This is the fourth part of Rasaratnakara by Nityanathasiddha and deals with the subject of *Rasayanaprakaranam* or rejuvenation. It describes in detail the processes of correction of the body before the taking of Rasayana medicines, by purgatives and errhines and strict observance of dietetic and hygienic rules. Then it describes in detail the preparation of minerals and medicines containing them, specially indicated as rejuvenitors and aphrodisiacs. This volume will be found very useful by practitioners of Ayurveda.

Ayurveda Prakasha :—By Madhaba Upadhyaya. Edited by Vaidya Jadavji Tricumji Acharya, Bombay, 1924. Price Rs. 2/- only.

This is also a volume on Hindu Chemistry in Sanskrit which contains the most useful processes of dealing with minerals for medicinal purposes. The students and teachers will find this book quite helpful in their study.

Pulse in Ayurveda :—By Ashutosh Roy, L.M.S.; with a Foreword by Captain G. Srinivasamurthi, B. A., B. L., M. B. and C. M., Principal, Government School of Indian Medicine, Madras. First Edition, 1925. Published by Hakeem A. M. Abdus Salam, 12, Appu Maistry Steet, George Town, Madras. Price As. 12.

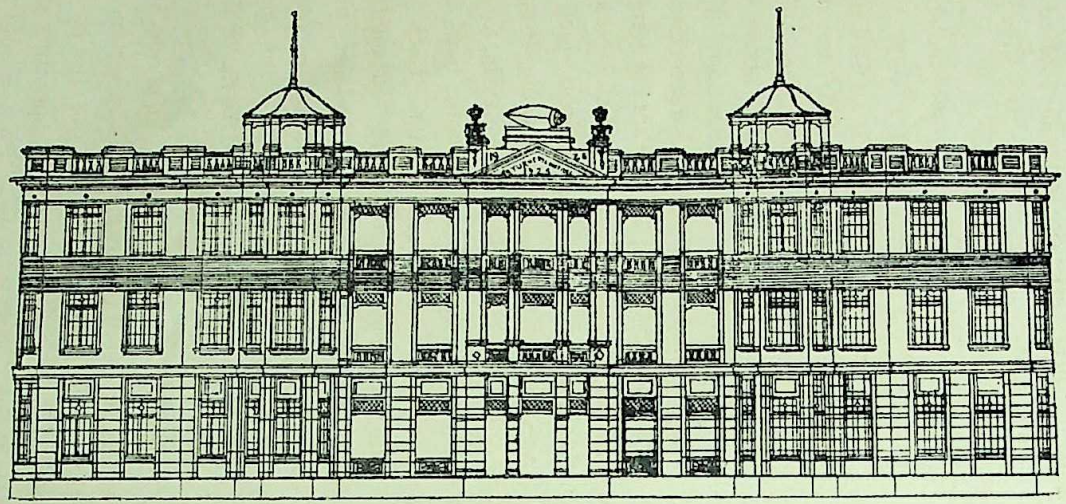
The appearance of this book is timely when so much interest is being taken by medical men to the study and practice of Ayurveda. Everything in relation to the study, examination and feeling of pulse in relation to different conditions in different diseases have been carefully noted. How pulse is affected by Vayu, Pitta and Kapha and their disintegration, in different times and in different seasons have been clearly delineated. We recommend this book to our readers interested in the science of examination of the pulse.

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THE ASHTANGA AYURVEDA VIDYALAYA BUILDINGS



CENTRAL BLOCK

Ground floor—College, Museum and Out-door.

1st and 2nd Floor—Hospital (125 Beds)

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Medical News and Notes.

—o—

THE ASHTANGA AYURVEDA VIDYALAYA.

An Appeal for Help.

The Ashtanga Ayurveda Vidyalaya the pioneer institution in India for imparting thorough and systematic instruction in the ancient Hindu medical science including *Anatomy*, *Surgery* and *Midwifery*, and for giving relief to suffering mankind according to the Indian system—was founded in 1916 and registered in March, 1919. Starting from the humblest beginning and in the face of heavy odds, it has now grown into an **All-India Ayurvedic** academy by virtue of its progressive record of usefulness. The number of students on its roll is nearly **225** and they pour in from all parts of India and even from Ceylon. The outdoor hospital attached to it affords free medical treatment to about **100** patients daily. *Surgical* cases also receive careful attention. The utility of the Vidyalaya has been officially and publicly recognised. The Corporation of Calcutta helps the institution with an annual grant of Rs. **3500** and has also recently made a free gift of a plot of land at **170**, Raja Dinendra Street, worth about two lacs of rupees, upon which a building is being constructed to accommodate the College and the **Hospital**. It is situated in the midst of perfectly healthy surroundings. One of the blocks is nearing completion. About **2** lacs of rupees have been already subscribed for. But our needs are much greater. Lack of funds is, however, seriously handicapping the growth and consolidation of the institution. The tuition fees realised from the students added to the Corporation grant hardly suffice to meet the current expenditure. The College and out-door dispensaries are now located in the ground-floor of the *new building*. Funds are immediately required for the different blocks now under construction.

All educated Indians and unbiased medical men now unhesitatingly acknowledge the inestimable value of the **Ayurvedic** system of treatment and recognise it as the one especially suited to the Indian constitution. The future of this system can only be assured by supporting and fostering an institution of this kind. To equip the College and a **Hospital** adequately, so that it may carry out its objects, and to place it on a sound footing, a Hospital for in-door patients, and a parmanent building of its own are imperatively needed without delay. The building to accommodate the college with the hospital is estimated to cost about Rs. *4 lacs*. To install *125* beds in the in-door hospital and maintain them as well as to meet the recurring expenditure on account of the College and the Hospital, an additional sum of *8 lacs* of rupees is urgently required.

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We appeal in the name of suffering humanity, to whose health and happiness the institution with its growth will increasingly minister, and in the name of Indian nationalism which demands the support of this institution, so that it may become a living monument to the ancient glory of India reared through centuries in the confident hope that the generosity and patriotism of the people of the country will not fail to make a fitting response.

Donations and subscriptions of any amount may be remitted to and will be gratefully acknowledged by—

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170, Raja Dinendra Street, *Calcutta.*

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RULES FOR REGISTERING VAIDYAS BY THE ALL-INDIA AYURVEDA MAHAMANDAL.

By Dr. A. Lakshmipathi, B.A., M.B., C.M., (Madras) and Mahamahopadhyaya G. N. Sen M.A., L.M.S., Saraswati, (Calcutta.)

The following communique has been issued by the General Secretary, Ayurveda Mahamandal, Cawnpore and is published here for general imformation. Every Ayurvedic Physician is requested to fill in the

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annexed form and forward it to the General Secretary Ayurveda Mahamandal, Cawnpore and get registered in the All-India Register :—

Eligibility.

Any practitioner of the Indian Medicine, who possesses such professional qualifications as shall be prescribed by the Mahamandal, shall be eligible for registration as a Vaidya, qualified to practise Indian Medicine. The mode and conditions of eligibility shall from time to time be determined by or in accordance with the bye-laws given here-under :

BYE-LAWS.

The following shall, for the time being, be the bye-laws for the registration of Vaidyas qualified to practise Indian Medicine :

I. *List of Recognised Institutions.*

(*a*) The Mahamandal shall, at the beginning of every year, prepare and publish a list of institutions of Indian Medicine recognised by the Mahamandal. Certificates from the heads of these recognised Institutions to the effect that a person has received successful and complete training at one or more such Institutions and is qualified to practise Indian Medicine will be deemed to be satisfactory evidence of a person so certificated, being duly qualified to practise Indian Medicine.

(*b*) It shall be competent to the Mahamandal to make, during the course of this year, additions to or corrections in the annual list of recognised institutions by means of periodical notices of addenda and corrigenda.

Provided that an institution once admitted to the register can only be removed from the list only at an annual conference and on a specific recommendation from the Mahamandal.

II. No person shall be eligible for registration as a Vaidya, unless, he produces either (*a*) certificate mentioned in bye-law No. 1 or (*b*) any other evidence which the Mahamandal may certify on an application made to them, to be satisfactory proof that such applicant is duly qualified to practise Indian Medicine.

III. *Application.* Every candidate for admission in the list of qualified vaidyas shall apply in prescribed form to the secretary of the Mahamandal or of the Prantik Mandali in the jurisdiction of which he is resident (or the General Secretary in case he is resident in an area not included in the jurisdiction of any pranta) and shall have his application supported by two members of the Mahamandal, stating that, from personal knowledge, they consider him a fit and a proper person qualified to practise Indian medicine. He shall, also be required to furnish a certificate of eligibility as mentioned in Bye-laws No. 2.

IV. For the time being, the minimum qualification for registration as a Vaidya under these rules shall be the possessing of knowledge equivalent to Laghutrayi (*i.e.*) Dhanvanthari Nighantu, Madhavanidanam, Sarangadhara Samhita.

This has been approved by the Conference, vide, Resolution No, 1 dated 9-4 25,

P. L. JHA, L.M.S.
General Secretary, A. I. A. M.
Cawnpore.

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Form B. 1926.

Register of the Vaidyas by the All-India Ayurveda Mahamandal Office.

फार्म २, १९२६.

निखिल भारतवर्षीय आयुर्वेद महामण्डल कार्य्यालय का वैद्य रजिष्टर.

१. संख्या (Number) ...	
२. नाम वैद्य (Name of the Vaidya)	
३. नाम पिता (Father's Name) ...	
४. जन्म सम्वत् या सन् (Date of birth)	
५. जाति (Caste)	
६. पूरा पता (Full Address) ...	
७ स्वयं वैद्य या वंश परंपरा (One's own or family profession) ...	
८. योग्यता परीक्षादि (Ability) ...	
९. उपाधि, पदक प्रशंसापत्रादि (Title)...	
१०. गुरु, शिक्षालयादि (School or College where qualified)	
११. वैद्यक के अभ्यास का समय (Duration of practice) ...	
१२. विशेष योग्यता, अनुसन्धानादि, (Special qualification) ...	
१३. लिख पुस्तकादि प्रकाशन (Writings, etc.) ...	
१४. विशेष (Remarks) ...	

प्रान्तीय कार्य्यालय (Provincial Office)

नि० भा० आ० महामण्डल कार्यालय, कानपुर। प्रान्तीय मन्त्री

(All-India Ayurveda Mahamandal Office, Cawnpore.) प्रधान मन्त्री

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THE 16th ALL-INDIA AYURVEDIC CONFERENCE, 1926 JAIPUR.

The 16th All-India Ayurvedic Conference will be held on 9th, 10th and 11th of April at Jaipur, Rajputana, under the presidentship of the Hon'ble Pundit Madan Mohan Malaviya. Ayurvedic practitioners from all parts of India, Burma and Ceylon are requested to muster strong on the occasion, as momentous questions affecting the profesion will be taken up, discussed and schemes for its uplift and steady organisation will be formulated.

A strong reception committee has been formed with Pundit Shyam Sundar Sharma, M. A., Director of Public Instruction, Jaipur States, as its Secretary, and Rai Bahadur Shri Gopinathji, M.A, C.I.E., Member of the State Council, Jaipur, as President, who will make all arrangements for the reception, lodging and boarding of the delegates as well as visitors to the Conference. Special arrangement will be made for the Lady delegates.

The Standing Committee of the All-India Ayurveda Sammelan, the Ayurveda Vidyapeetha, Ayurveda Vidhisamiti and all such recognised bodies will be entitled to send their delegates. All institutions, which take interest in the advancement of Ayurveda will also be eligible, to elect delegates, provided the members of the institutions are not less than 10. Persons specially invited by the Reception Committee or the Standing Committee will also be entitled to vote.

The delegation fee is Rs 3/-. The amount realised from the delegation fees will be divided according to the rules of the Mohasammelan equally between the Mahamandal and the Executive Committee, who will utilize it in defraying the expenses incidental to the management of the Conference.

Distinguished visitors may be exempted from any delegation fee on the discretion of the Standing Committee or the Reception Committee.

Lady delegates are exempted from paying any fees but voluntary contributions will be gratefully accepted.

Visitors are exempted from paying any Admission fee.

After the inagural address of the President, the Subjects Committee will be formed, 25% of the members of the Subjects Committee will be from among the delegates of Rajputana, and 75% from among the delegates of other provinces. The Subjects Committee will decide upon the programme of the next following days of the Conference and will deliberate upon all resolutions to be put in the Conference as well as consider all articles and discourses etc., received by the Reception Committee to be put up at the Conference.

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ALL-INDIA AYURVEDIC EXHIBITION 1926.
JAIPUR (RAJPUTANA.)

An Ayurvedic Exhibition in connection with the 16th All-India Ayurvedic conference will be held from 8-12 of April (both days inclusive).

The objects of the exhibition are :—

(i) To investigate and identify doubtful and unrecognised drugs and herbs.

(ii) To ascertain the therapeutic value of different drugs and medicines and to popularise the use thereof.

(iii) To improve the method of preparation of Ayurvedic medicines that are already in use, with a view to attempt and organise the standardisation of medicines and proper drugs.

(iv) To help generally in the revival of the use of Ayurvedic medicines and drugs and inspire in the minds of the general public, enthusiasm and attachment for the indigenous science of healing.

(v) To improve generally the status of Ayurveda in the eyes of the medical world.

The exhibits shall be classified under the following heads :—

Class I. Plants, Herbs and Drugs :—Dry and green leaves, flowers, berries, fruits, seeds, gums, barks, roots, grains, etc.

Class II. Metals, Minerals and Chemicals :—Natural ores, Metals used in medicines, Chemicals, etc.

Class III. Animal product :—Gorochana, Kasturi, Corals, pearls, etc.

Class IV. Shastraic medicines :—(1) Asava, Arista, Lehya, Churna, Taila, Ghrita, Modaka, Rasakriya, etc. (2) Bhaona, Sindura, Baddha, Kuppintra, Kajjals, Stave, etc.

N. B. Class V. Apparatus and Surgical Instruments :—Singha Mukha, Kaka Mukha, etc.

Class VI. Physiological and Anatomical exhibits :—skeletons, models, etc.

Class VII. Archæiological and antiquarian finds :—ancient copper plates, stone inscriptions, written palm leaves, old records, etc. pertaining to Ayurveda.

Class VIII. Books, old and rare manuscripts, rare printed works, etc.

Class IX. All other exhibits relating to the Ayurvedic system of treatment.

All communications with regard to further information on the subject should be addressed to the Secretary, Sixteenth All-India Ayurvedic Conference or the Exhibition Sub-Committee c/o the Office of the Director of Public Instruction, Jaipur, (Rajputana).

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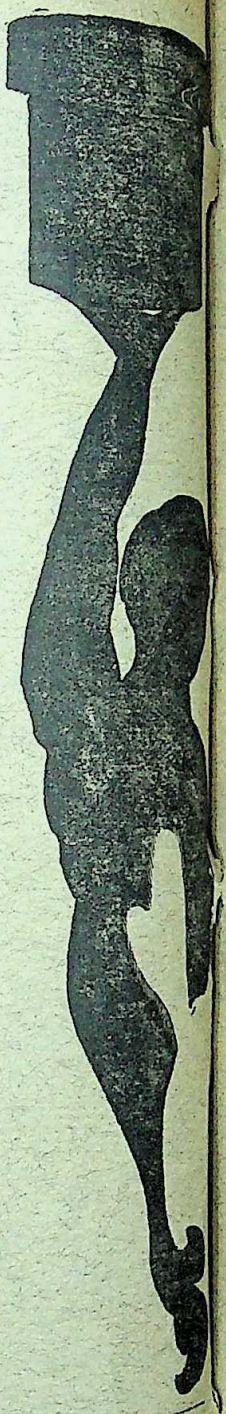
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THE JOURNAL OF AYURVEDA

Vol. II.] April, 1926. [No. 10.

The current issue of the **Journal of Ayurveda** was printed off by the middle of April, but the formes were held up at Duftry's house, owing to the communal riots and it was with great difficulty that we could get back the formes and have them ready. This explains the unforeseen delay in the publication of the current issue.

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THE JOURNAL OF AYURVEDA

Vol. II.] April, 1926. [No. 10.

The Claims of Ayurveda.

In the series of Editorial Articles in the last few issues of this Journal we put forward forcibly and lucidly the Claims of Ayurveda as a popular system of medicine most suited to the Indians. The other series under the caption "Some Claims of Ayurveda," also discussed at some length its superiority in some respects over the Allopathic system (the now State Brand Scientific System) and its adaptability to suit the peculiar needs of the poverty stricken half-famished people of India, who have scarcely the wherewithal to meet the costly treatment which was transplanted here with the advent of foreign conquerors.

Where self-interest is the root-cause of a criticism, the critic forgets that he was supporting a bad cause. So with the blind critic of Ayurveda, who will never persuade himself to view it and the problems it offers to mankind with a clear perception born of a liberal mentality.

On the contrary, a broad-minded man with a mentality free from all narrow interest of self-seeking and personal aggrandisement will find and gather truth from any source irrespective of caste and creed. It was thus a relief to find that Rai Bahadur Purohit Gopinathji Sahib, Vidya Ratna, Sahitya Bhusan, M.A., C I.E , M.R.A.S., Member, Council of State, Jaipur, in his address of welcome to the delegates to the 16th All-India Ayurvedic Conference, recently held at Jaipur made out a case for the claims

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of Ayurveda in a definite, unbiased manner from which we quote the following lines for the elucidation of our readers :—

Preventive Medicine in Ayurveda.

"It is a heavy task to prevent the root-cause of disease. If we can restore to our society the power to follow the *Shastric Hygienic rules*, then I am sure the other object of the medical science which is to cure diseases will be quite easy to fulfill. The physical and mental health of Indian society as a whole is not good ; and it is for this reason that we hear on all sides a cry for more hospitals It is proper to cure ill health when one has got it—but it is more important to endeavour to remove the root cause of ill health. I wish such conditions to be created in which a diseased society may be a thing of the past. Neither medicine nor surgery is of any avail in the face of continued ill health."

* * * *

Nature claims Indigenous System of Medicine.

The climate of each country has got peculiarities of its own. The temperament of people living in different climates is naturally different. All countries do not produce the same drugs and herbs. It is quite natural that the drugs and herbs produced in a particular country and in a particular climate should suit men of that country and that climate better than any other drugs and herb. Evidently therefore our own method of treatment would be more beneficial to us, and it should be accepted as a corollary that any progress made in this method of treatment would be all the more advantageous to us.

* * * *

Cheapness and Simplicity demands Indigenous system.

"It is well-known that India has always been a land of cheapness and simplicity. Empty show goes against the very nature of this ancient land. If there is an occasion of ill-health in an Indian family the elders of the family would in the first instance be able to do the needful with a medicine costing practically nothing : and per chance, a Vaidya became necessary, the gentlemen would doubtless let the family go for a few pice. This is obviously a great advantage of the Ayurvedic method of treatment. Signs of imitating the foreign method which are visible here and there do surely deprive the indigenous method of its distinctive quality any special importance. The medical man is a born philanthropist —if he began to entertain low aims of money-making then surely the Indian medical work would also become a sort of trade, which is, in no circumstances, justifiable.

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Medical vs. Surgical Treatment.

It would, I hope, meet the approval of all, without of course meaning ill to surgical treatment, that where medicinal treatment suffices, surgery would naturally be not desirable. It is no small wonder that when surgeons are compelled to declare that a particular ailment cannot be cured without operation an ordinary "Jarrah" would end the disease by means of his simple "Kagli." This is another advantage of the Indian method of treatment. It is not intended that operation is to be despised."

* * * *

The value of Surgical Treatment.

The speaker then laid particular stress on the achievements of modern surgery, in various directions and exhorted the practitioners of Ayurveda not to remain stationery brooding over the contents of Sushruta's surgery, but to go ahead in their attempts to the revival of the ancient glory, that they can face the world with something tangible for others to imitate and wonder at.

* * * *

Revival of Ayurveda.

"The gradual change for the better will, however, be observed with gratification. Ayurveda has drawn special attention of the British Government and the Indian Princes—the people in general have also begun to show greater enthusiasm. Ayurveda colleges have been opened here and there and Ayurveda has also got some footing in some of the Indian universities. These are all hopeful signs and we may rest assured that the evil days of Ayurveda are only numbered.

* * * *

The Immediate need : Schools and Hospitals.

We must have the necessary number of Ayurveda Schools all over the country. There must needs be Hospitals attached to these educational institutions. Ayurveda is essentially a practical science and book-learning would not suffice for a thorough grasp of this science. It is needless to point out that the experiments made by others are recorded in books and that the necessity of having the practical demonstration of these expriments cannot be exaggerated.

The students can have sufficient opportunities of meeting all sorts of patients in the attached Hospitals and thus their practical experience

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can increase. There should be laboratories in the Hospitals where a practical study of the various processes of medicinal preparations can be made. For even the most intelligent person would not be quite at home in these processes merely by imagination.

* * * *

How can Ayurveda be Universally useful ?

As I have already said, Ayurveda is already easy of access for the people in general. But in order to become universally useful it should be made easier still. It is a plain truth accepted by all that the economic condition of the masses in India is far from satisfactory ; it is therefore hardly necessary to emphasize that anything costly will not be within easy reach of the people. There should be numerous such places where medicine can be available either free or at nominal prices. The help of our rich countrymen is specially needed for the purpose. It should be a source of satisfaction to us all that not a few of our money-kings have got Ayurvedic Hospitals opened at their own cost. It is only to be hoped that further efforts will be made in this direction. It would be a huge gain, if we could make the indigenous system of healing more popular with the people at large."

In conclusion, the learned speaker exhorted the Ayurvedists present not to remain inert and slothful, but to keep themselves in close touch with the medical world outside. He laid emphasis on the value of English as a medium through which they can learn books on surgery and then modify and develop the indigenous surgical methods according to the present-day needs. He condemned isolation as a great bar to progress of knowledge. Above all, he laid special stress on the importance of selflessness and self-sacrifice as the only means to the successful termination of the truly scientific culture, and rightly condemned the money grabbing spirit as unworthy of a true follower of Ayurveda and of the highest ethical principles it teaches.

Thus we have been harping on since we came into the field and we hope that every true lover of Ayurveda will help us in our endeavour to attain the end in view.

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1926.]

Original Articles.

—:o:—

DIABETES IN AYURVEDA.

IKSHUMEHA (इक्षुमेह) & MADHUMEHA (मधुमेह)

BY

KAVIRAJ SHIVANATH SEN, M.A., M.B., Calcutta.

—:o:—

Introduction :- The terms *Meha* (मेह) and Prameha (प्रमेह) are used as symptoms to mean all urinary diseases except disuria (मूत्रकृच्छ) and anuria (मूत्राघात). In fact the terms are derived from the root *Miha* (मिह)—to flow, so the terms are not applied to cases where there is difficulty in the flow or no flow at all ; they are only used in cases where there is excessive flow of urine. Thus *Prameha* is explained to be produced by disordered *Kapha* (कफ), disordered *Pitta* (पित्त) and disordered *Vayu* (वायु). Now *Kapha* is the anabolic matter, Pitta the katabolic heat and Vayu the nervous agency. That which is caused by *Kapha* is again subdivided into ten classes, one of which is *Ikshumeha* (इक्षुमेह) ; that caused by *Pitta* into six ; and that caused by *Vayu* into four, one among which is *Madhumeha* (मधुमेह). These two, *Ikshumeha* and *Madhumeha* can be said to cover all the symptoms caused by Diabetes Mellitus of the Westerners.

It is proper that we understand the definition of the two terms before proceeding further. By Ikshumeha is meant a condition in which a copious quantity of very sweet, cold, slightly viscid, and translucent urine, similar in appearance to the freshly pressed juice of sugarcane is passed,

अत्यर्थं मधुरं शीतमीषत् पिच्छिलमाविलम् ।
काश्येक्षुरससङ्काशं श्लेष्मकोपात् प्रमेहति ॥

—Ch. Nidan—4)

By *Madhumeha* they mean a condition in which we get an excessive flow of very sweet, not viscid and somewhat astringent urine.

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कषायं मधुरं रूक्षं पाण्डुं मेहति यो नरः ।
वातकोपादसाध्यं तं प्रतीयान्मधुमेहिनम् ।

— Charak Nidan 4.

ETIOLOGY :—Sedentary habit, the habit of sleeping too much, specially sleeping at day time, absence of physical labour, taking too much of curds, milk and its preparations, ghee, some kinds of pulses, meats of domestic animals, aquatic animals, and amphibious animals, as also season rice, and new water, *i. e.*, water that is flowing down after the melting of ice on the hills as in midsummer; molases, sugar and all varieties of sweetmeats.

These and all other modes of life, which make the system too moist and fatty and thereby vitiate *Kapha*, tend to produce *Ikshumeha* (इक्षुमेह). *Charaka* includes one other point in the etiology, *viz* :—the absence of rubbing the body or massage. Thus it is understood that in the absence of active physical labour massage has got a salutary effect on the system in as much as it increases the circulation, and produces heat in the system and so helps in the combustion of *Kapha* and thereby hinders its stagnation and vitiation.

.....सृजाव्यायामवज्जनस्वप्नशयनासनप्रसङ्गः.....

— Charak Nidan 4.

PATHOLOGY :—The factors named above increase the *Kapha* of the system. This *Kapha* pervades the whole body and in doing so infiltrates the fat (मेद) which is in a stagnant condition on account of want of exercise. The Kapha also is already stagnated due to its increased formation and decreased combustion. During the process of infiltration by *Kapha*, the *Meda* (fat) is increased in quantity These stagnated and increased, that is to say, vitiated Kapha and Meda together attack the flesh (मांस) and vitiate it. Gradually the *Kleda* (क्लेद)—the waste products of combustion is also attacked and vitiated. The vitiation of *kleda* means that an increased quantity of it is formed and that it is stagnated, *i.e.*, not eliminated as soon as formed. To have the increase in quantity the kleda is formed too quickly and incompletely. As *kleda* means the waste products of combustion, formation of incomplete *kleda* means that incomplete combustion of the tissues is going on in the system.

The incomplete or abnormal *kleda* or in other words the result of this incomplete combustion is retained in the system instead of

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being eliminated in the usual way. It pervades all the tissues of the body and ultimately enters the stream of fluid of the body, and is excreted with the urine. The tissues of the body when they are thus pervaded may develop *Pidakás* (पीड़का— boils, carbuncles, cellulitis) if they are subjected to pollution by germs.

तत्र वसामेदोभ्यामभिपन्नशरीरस्य क्रिमिदोषैश्चानुगतधातोः प्रमेहिनो दश पिड़का जायन्ते।

—*Sushruta Nidana 6.*

Signs and Symptoms :—These they consider under three heads *viz.*, the premonitary symptoms, the symptoms proper and the complications.

Premonitary Symptoms :—When the disease is about to manifest itself the following train of symptoms appear :—The hairs tend to become matted together ; the pores of the skin become closed ; there is sweetish taste in the mouth ; there is deposition of dirt on the body ; a sensation of slight numbness pervades the hands and feet or the whole body ; there is slight burning sensation on the skin ; as also dryness of the mouth, palate and throat, lethargy and a feeling of weakness ; at this stage it is sometimes observed that ants and other hexaped insects are attracted to the body and specially to the spot which is soaked with such a man's urine.

Symptoms Proper :—All the above symptoms are more or less exaggerated; the man likes the pleasure of sitting idly, lying down and sleeping. There is somewhat of an unpleasant (urinous) odour all about him ; his teeth, mouth, eyes, and ears are all full of pasty secretion ; the hairs and nails grow at a speedier rate than usual ; all the limbs become toneless, so much so that this muscular atony shows itself in quite a number of cases as impotency or at least a definite and sudden weakening of the sexual power. This symptom sometimes appears so early that some cases, which come for the treatment of this symptom alone prove to be cases of Diabetes after examination. Sushruta describes this loss of muscular tone by a nice passage saying that if the patient is made to walk about he will soon stop and stand still ; if he is made to stand still, he will sit down ; if allowed to sit down, he will be prostrate; and if allowed to lie down, he will fall asleep in no time.

स चापि गमनात् स्थानं स्थानादासनमिच्छति।
आसनाद्दृणते शय्यां शय्यनात् स्वप्नमिच्छति॥

—Sushruta Nidan 6.

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Gradually the man begins to pass a larger and larger quantity of urine. He feels the more thirsty the more urine he passes. Thus will appear a dry and perched skin ; there will seldom be any sweat even on exertion ; he will look paler, and the skin will lose its lusture. Later he will develop a desire to drink cooling draught to quench the intense thirst ; and still later an abnormal or voracious appetite. The *Rasa* (रस) that is produced from the foods, joins with the Kapha and Meda, and all three before undergoing a complete combustion are transformed into abnormal kleda, and enter the stream of fluid of the body to be ejected with the urine. At this stage the palient begins to lose flesh and fat, and becomes emaciated.

Complications:—Inspite of the large quantity of food the patient consumes, emaciation is apt to supervene and greatly reduces the patient's strength and vitality. In some cases on the other hand anorexia and diarrhoea become prominent complications and then emaciation progresses more rapidly. There is an increased susceptibility to cold giving rise to coryza, cough and dyspnœa (श्वास). Some of the cases at this stage develop pulmonary phthisis, which adds to the wasting process that is already going on and rapidly brings the case to an end. In some other cases, vomiting, constipation and colicky pains are seen. Insomnia may sometimes become very troublesome and there may be tremors of the limbs and pain in the region of the heart. Boils, carbuncles and other inflammatory complications are considered under a separate head called *Prameha-pidaka* (प्रमेहपीड़का) and they are subdivided into ten classes :—

1 *Sarabika* (शराविका)—those which are shaped like a shallow dish (सरा) in shape—inverted.

2. *Sarsapika* (सर्षपिका)—those which look like the seeds of white mustard seeds.

3. *Kacchapika* (कच्छपिका)—those big abscesses which are shaped like the raised back of a tortoise and in which there is great burning sensation over the affected part.

4. *Jalini* (जालिनी)—those which are weblike in appearance and accompanied by burning heat.

5. *Binata* (विनता)—big abscesses of a bluish colour.

6. *Putrini* (पुत्रिणी)—a big abscess surrounded by a number of smaller abscesses.

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7. *Masurika* (मसूरिका)—red coloured pimples which appear in a crop, each of which is like Masur (a kind of pulse) to look at.

8. *Alaji* (अलजी)—pink coloured and very painful boils.

9. *Bidarika* (विदारिका)—rounded and somewhat hard abscesses which resemble a tuber in appearance.

10. *Bidradhi* (विद्रधि)—includes all other inflammatory conditions which look like ordinary inflammation.

Coma has been considered as prolonged and deep sleep under *Nidra* (निद्रा—sleep).

The above description applies to *Ikshumeha* (इक्षुमेह) that is *kaphajameha* (कफजमेह), which is produced in men as long as the *kapha* in their system is in an increased condition. But when the body tissues begin to waste away and there is emaciation, the *Kapha* in the system decreases and there is increase of *Vayu or Vata*, (वायु. वात), so that the disease at this stage is considered to be *Vataja* (वातज) *i. e*, due to the vitiation of *Vata* and is termed *Madhumeha* (मधुमेह) which it should be remembered is the name for the vataja variety. Thus it is that the authorities say—

सर्व्व एव प्रमेहास्तु कालेनाप्रतिकारिण:।
मधुमेहत्वमायान्ति तदसाध्या भवन्ति हि॥

All the varieties of *Prameha*, if left untreated, trun to be *Madhumeha* in time and that is a thing seldom cured. Also—

पीड़का पीड़ितं गाढमुपसृष्टमुपद्रवै:।
मधुमेहिनमाचष्टे स चासाध्य: प्रकीर्त्तित:॥

The disease, if it is a deeply established one, and if it is complicated by *Pidakas* (the inflammatory conditions described above) is to be termed *Madhumeha*, which is seldom cured.

Though commonly produced in this way *Modhumeha* can also be produced by itself or at once. In a man whose system is already under the predominance of *Vayu*, the nervous agency, in some circumstances distorts the *Meda* (मेद—fat), *Mansa* (मांस—Flesh), *Kleda* (क्लेद) and other things in the body in such a way that their normal transformation, or oxidation, in assimilable forms is hindered and the abnormal products which are thus formed are put out with the urine. The circumstances under which this is the case are :—overuse of pungent, astringent, bitter, light, and cold food stuffs, and those foods which have a drying

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and roughening effects in the system; excessive sexual intercourse, hard labour, overdoing of some medical processes, such as, vomiting, purgation, douching, snuffing (purging the head of its increased and retained excretions) and bleeding (blood letting); the habit of suppressing calls of nature; excessive fasting, certain bodily injuries, long-lasting mental worry; grief; too much exposure to the sun; the habit of keeping up long hours at night and the habit of placing one's body in awkward and uncomfortable positions.

These are the factors from which *Madhumeha* may be produced at once, *i. e.*, without passing through the stage of increased and stagnated fat (मेद). In these cases the *Vayu* or nervous function is deranged in such a way that it at once upsets the normal transformation of fat into anassimilable form and produces abnormal *kleda*, which enters the stream of urine. In both *Ikshumeha* and *Madhumeha* the fat is the most deranged of all tissues. The symptoms and complications are practically the same in both the cases. To make a distinction, *Ikshumeha*, as long as it has not passed into the *Madhumeha*, can be called a fat man's diabetes, an idler's diabetes, or an overeater's diabetes; and *Madhumeha* when produced by itself can be called--a lean man's diabetes and a hard-worker's diabetes.

HEREDITY :—Heredity plays a very important role in the causation of Diabetes. Children of Diabetic parents, when they grow to be men, are by far the more prone to get Diabetes than ordinary men. In fact, they can seldom avoid it if they lead an ordinary life. They can only expect to avoid it, if they, from the very beginning strictly avoid the causative factors and do it as long as they live. This influence of heredity led *Sushruta* to subdivide *Prameha* first into two classes—one *Sahaja* (सहज) and the other *Apathya-nimitta* (अपथ्यनिमित्त)।

द्वौ प्रमेहौ सहजोऽपथ्यनिमित्तश्च भवतः। तत्र सहजो मातृपितृबीजदोषकृतः। अहिताहारजोऽपथ्यनिमित्तः।—*Sushruta-chikitsa—II.*

There are two kinds of *Prameha*, *Sahaja* and *Apathyanimitta*. Of them *Sahaja* is begotten from diseased parents and *Apathya-nimitta* is caused by improper foods on one's own part.

[The treatment and prognosis will be discussed in a future issue.]

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THE TRIDOSHA THEORY OF AYURVEDA

BY

ASHUTOSH ROY, L.M.S. (Hazaribag).

—:o:—

The "Tridosha theory" of Ayurveda or the theory of "Vayu, Pitta and Kapha" is the tripod on which stands the Ayurvedic System of Medicine. Unfortunately this has proved a stumbling block to many a commentator, European and Indian, of the Ayurvedic System.

The confusion between Humours and Hormones.

The pioneer European scholars of Ayurveda, following the footsteps of the pioneer scholars of Greek Medicine, literally translated the "three" *doshas*" as the "three *humours*"—Wind, Bile and Phlegm and the "Tridosha theory" as the "Humoural theory" closely analogous to the "Humoural theory" of Greek medicine. Even some of the Indian scholars of Ayurveda repeated the same mistake.

Modern European scholars of Greek Medicine consider that Greek medicine is not dependent on "Humoural" but on "Hormone theory" since Endocrinology became increasingly studied and recognised in modern western medicine. Thus Dr. Brock in his "Galen on Natural faculties" states that the so-called "humours" of ancient Greek medicine are really "hormones".

The Blending of the Physiological with the Metaphysical.

Some recent Ayurvedic authorities have blended the metaphysical and physiological interpretation of the Tridosha theory. "Every system of Hindu thought is at once philosophy, science and religion, —all in one, one in all". In my article on the subject in the Pantherapist Chicago, I have stated as follows: "In man we find a judicious blending of the Psychic with the Physiological, the Physical with the Metaphysical, the Subjective with the Objective, the fine with the Gross, the Mind with the body." We cannot completely, sever the one from the other as modern Europe has done. But to avoid confusion we must separate the metaphysical from the physiological interpretation of the "Tridosha theory"—to have a clear idea—Ayurveda limits itself practically to positive physiological knowledge and pathological phenomena, reserving only a single chapter on metaphysical speculation (vide

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Charaka—creation of the world). The latter is more fully discussed in the "Hindu Yoga System" which is no doubt an offshoot of Ayurveda.

These two standpoints must be clearly distinguished and separately disscussed, for modern West jeers at the ancients, stating that to hide their ignorance, the latter had confused the subject by mixing the physiological with the metaphysical (*vide* the late Sir Frederick Treve's article—"Enforced Dogmatism in Ancient Medicine"—B. M. J., October 24th 1914). No better fate met the report of the Madras Ayurvedic Committee at the hands of the Editor B. M. J September 15th 1924. Though we cannot ignore the intimate connection between body and mind, yet for the elucidation of the "Tridosha theory" to non-Ayurvedists, we must make a distinction (however artificial it may be) between the physiological and the metaphysical aspects of the "Tridosha theory".

The blending of the Avindryik and Atindryik form of doshas.

Turning to the "Doshas" we find that there is great confusion between the "ayindryik" (perceived by our senses) forms of Doshas (humours) from the "atindriyik" (which cannot be perceived by our senses) forms of Doshas (hormones . A great deal of confusion arises in the proper elucidation of the "Tridosha theory" by mixing these two forms.

Cellular theory in Ayurveda.

Finally, Modern Medicine in its "Cellular Pathology has completely ousted the humoural theory of the ancients. It may be stated that the Tridosha theory in its conception of "Pancha Bhuta" and "Triguna" has gone far beyond the "Cellular theory of modern medicine". Hence some recent annotators of Ayurveda have stated that the "Tridosha theory" begins where physiology ends This is taking a too restricted view of the "Tridosh theory".

Avindryik forms of Doshas are humours and Atindryik forms, hormones.

Elsewhere (Health and Happiness, Calcutta) we have discussed the physiological and pathological aspects of "Tridosha theory". We have also seen that the ayindryik forms of Tridosha correspond to the "humours"—wind, bile and phlegm of the pioneer interpreters of Ayurveda We have found a close analogy between the atindryik forms of "Tridosha" with the "Sympathetic Endocrinology" the latest theory of modern medicine. Of course the "Tridosha theory

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of Ayurveda is more fully developed than the theory of "Sympathetic Endocrinology" which is in its infancy in modern Western medicine.

The theory of Sympathetic Endocrinology like the Tridosh theory takes into account the physiological and metaphysical aspects of life.

That the modern "theory of Sympathetic Endocrinology" is getting a glimpse of the metaphysical aspects of life can not be denied. Like the "Tridosha theory" of Ayurveda it takes into account the physiological and metaphysical aspects of life, as will be evidenced from the writings of leading Endocrinologists. Thus Leonard Williams states that "to unreval the *intricate and esoteric mysteries* of the glands of internal secretion, which deals with the *secret of life itself*, there is danger of drifting into the metaphysical". T. Badley Scott states that "when we come to the consideration of the glands of internal secretion, we are on different grounds altogether, almost on *holy grounds*, for here we are dealing with the *inner secrets of life itself*". In the modern theory of sympathetic endocrinology we have "Philosophy, Science and Religion," mixed up with a vengeance, "all in one, one in all". Captain Murti has rightly stated that some of the "master minds of modern Western medicine are turning their attention to those reasons which appear so Ayurvedic".

Further points of analogy between the two theories

Another point of analogy between the two theories is that both consider health and ill-health from the point of view of the "soil" giving the "seed" a secondary importance.

Fridenburg (Barker's Endocrinology Metabolism), another Endocrinologist had stated that "there is an Endocrine factor not only in health and ill-health, in diet and drug, but in heat and cold, rest and exercise, sleep and waking, sun and shade, in fact all nature's telluric influences act on and by the complicated systems of glands of internal secretion. How else can we attempt to explain the systemic effects of such influences as wind, weather, altitude, climate, seasonal incidence, geographical distribution of diseases, etc."

The analogy with the "Tridosha theory" of Ayurveda is quite clear. Ayurvedic physicians have studied man from similar point of view as stated above, *viz.*, how he reacts to his surroundings, why the personal factor varies in different individuals in health and disease. Hindu physicians describe the action of drugs from the sympathetic Endocrine point of view, so forcibly brought forward

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by Sajous, the pioneer American Endocrinologist when he says that "Pharmaco-Endocrinology" will reveal the true importance of drugs as weapon against disease. Hindu physicians classify disease from the view point of the "Soil" which is the same as the sympathetic Endocrine point of view.

Finally the fact that Hindu physicians have associated their "Tridosha theory" with telluric influences and personal factors of the individual are additional proofs of the closest analogy between the "Tridosha theory" of Ayurved and the "Sympathetic Endocrinology theory" of modern medicine.

Barring minor details, the two theories are broadly analogical. The Pitta and Kapha are the keys to unlock the mysteries of the opposing yet complementary glands of internal secretion. The ancient Ayurvedic theory is fully developed in both physiological and metaphysical aspects, the modern theory is only getting a glimpse of the latter.

If, therefore, the "Tridosha theory" of Ayurveda bears a close analogy to "certain definite things in Western physiology", what harm there is to state it clearly. How can such "interpretations" be considered as "fanciful". "the desperate attempts" of some "pro-Ayurvedists" to show that the "teachings of Ayurveda square with the teachings of Western medicine" ? This analogy is unmistakably evident by comparative study.

On the other hand when one finds such close analogy between the oldest theory of ancient medicine and the latest theory of modern medicine, one has every legitimate reason to be proud of the fact that modern Western medicine with its boast of scientific basis is slowly but surely drifting towards the view of our forefathers who developed the same idea of health and disease several centuries ago.

All the modern interpreters of Ayurveda with one single honourable exception (vide the Madras Ayurvedic Committee's report) have given the practical physiological interpretation of the "Tridosha theory", *e.g.*, the late Dr. Hem Chandra Sen M.D., who in the last decade fought so hard for the cause of Ayurveda. Dr. S. N. Gossami B.A., L.M.S the able joint translator of Bhisagratna's Sushrut, Mahamahopadhyaya Gananath Sen M.A., L.M.S., the leading Ayurvedic scholar of all-India reputation, Kabiraj Jogendra Nath Sen M.A., a former President of All-India Ayurvedic Conference held in Ceylon and Majors Acton and Chopra of the Calcutta Tropical School of Medicine and the writer of the present article. None has confused and blended the metaphysical and physiological interpretations of the Tridosha theory.

I hope in a later article to discuss the metaphysical and cellular aspcet of the Tridosha theory.

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RAVI GUPTA (725 A. D.)

BY

DR. GIRINDRA NATH MUKERJEE BHISAGACHARYA

B. A., M. D., F. A. S. B.

—o—

Dr. Vidyabhusana (*Indian Logic*, p. 123—24) writes : "Ravi Gupta[1] called in Tibetan Ni-ma-sbas was born in Kasmir. He was a great poet, dialectitian and Tantrick teacher who established twelve great religious schools in his native country and Magadha. He was contemporary of King Bharsa of Varendra, and flourished a little later than Chandra Gomin, who had lived during the time of Bharsa's father Simha. Ravi Gupta must have lived in the first quarter of the eighth century A.D., for his disciple, the famous Tantric monk Sarvajna Mitra[2] lived in the middle of that century. Besides being a poet and a logician, Ravi Gupta was well-versed in the science of Medicine. Ravi Gupta's brother was Visnu Gupta,—and their father was Durga Gupta.

His principal works are :—

1. *Pramana-vartika-vritti*—called in Tibetan Tshad-ma-rnam-hgrel-gvi-hgrel-pa, which is an annotation on the *Pramana-vartika* of Dharmakirti. The Sanskrit original of this work appears to be lost, but there exists a Tibetan translation,[3] in the *Tangyur Mdo*, *Tshe*, folios 133-252.

2 *Aryakosa*.—See Rockhill's *Buddha*, p. 228.

3. *Taradevi-stotram-Ekavimsati Sadharananama*
4. *Taraikavimsatikangasutra Samksepa.* } Hymns to Tara.

(See Satish Chandra Vidyabhusana's *Sragdhara-stotra*, *Intro. p p. v-vii*).

5 *Siddhasaraa Samhita*.—Ravi Gupta's medical work on General Medicine. "A complete copy, however, of Ravi Gupta's *Siddhasara Samhita* is noticed in the Catalogue under the name of simply *Sarasamgraha* in page 21, No. 787. It is complete in 24

1. *Vide* Taranath's *Geschichte des Buddhisimis schiefner*, p. p. 146, 147, 243 ; and Pag-sam-jon-zang, part 1, p.p. 90, 101, 118, xxxvii.
2. *Vide* Satish Chandra Vidyabhusana's *Sragdhara Stotram*, *Intro.*, p. xxx, printed in the Bibliotheca Indica series of Calcutta.
3. The copy of the India Office, London.

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Adhyayas, the last chapter being on poisons. It was copied in N. S. 494-1374 A. D. The authors of both these works (Ravi Gupta and Visnu Gupta) seem, from the terms in which the *Mangalacharana* has been couched, to have been Buddhists". (*Nepal Cat., Preface, p. xxiii*).

Ms.—Nepal Cat.—787 :

सारसंग्रह :—

रविगुप्तेन रचित: । अक्षर—नेवारी ।

प्रारम्भवाक्यं :—

श्री नम: सर्वज्ञाय ।

सर्व्वं प्रणम्य सर्व्वज्ञं दुर्गगुप्तस्य सूनुना ।

संहितासिद्धसारेयं रविगुप्तेन वक्ष्यते ॥

अन्तवाक्यम् :—

उपद्रवाद् द्रुतं साध्या ज्वरादय: चिकित्सितै: ।

अविद्याहीनि शास्त्राणि (?) विषाक्तानां प्रयोजयेत् ॥

इति सारसंग्रहे विषाध्याय :—चतुस्त्रिंशम: समाप्त: । शेयोस्तु संवत् ४९४ पौष—शुक्ल-एकादश्यान्तिथौ ॥

Nepal Cat P. 130 :—

1114क. सिद्धसारसंहिता By रविगुप्त, 8 × 1½ inches. Folia 97. Lines 5 on a page. Extent 1,212 Slokas. Character Newari. Date (?). Appearance—very old. Prose and verse. Generally correct.

Beginning :— श्रीं, नम: सर्व्वज्ञाय ।

सर्व्वं प्रणम्य सर्व्वज्ञं दुर्गगुप्तस्य सूनुना ।

संहिता सिद्धसारेयं रविगुप्तेन वक्ष्यते ॥

आयुर्वेदोदधि * * मशक्त्या येऽल्पमेधस: ।

तेषामियं प्रतारार्थ विहिता नल्वणा दृढ़ा ॥

ब्रह्मा प्रवाच यं स्वर्गे वेदमायुर्निबन्धनम् ।

शिष्येभ्य: कथयामास काशिराजाय तं क्रमात् ॥

तस्यानुगानिशालाक्षं कायभूत चिकित्सितं ।

शल्यौ गदवयोबालि रक्षा * * विवर्द्धनं ॥ (?)

पुरुषा व्याध्यधिष्ठानं महाभूतगुणात्मकं ।

शारीरमानसा:—सन्तु सहजा व्याधयो मता: ॥

शारीरा * कुष्ठाद्या: क्रोधाद्या मानसा स्मृता: ॥ इत्यादि

End :—बुद्धिमेधास्मृतिकरं सन्नस्याग्रेश्च दीपनं (?) इति श्रुति: ।

(अत:परं खण्डिता)

विषय :—चिकित्साशास्त्रम् ।

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Quotations from Ravi Gupta :—

(1) in the *Sarvanga Sundari* :—

1. यच्च रविगुप्तः सिद्धसारे व्यध्यगीष्ट "गव्यात् स्निग्धं गुरुतरं माहिषं स्वप्रकृत्ययः" इति तदबुधैश्चिन्त्यम् सर्वमतविरुद्धत्वात्। I, P. 98.

2. सिद्धसारे चोक्तम्। "अतृष्णा मक्षिकाः पथ्याः शीतला गुरवो मताः" इति। P. 137.

(2) In the *Tattva Chandrika*.—

Ravi Gupta's reading of the Harita's and Chandrate's formula as quoted by Chakradatta :

1. राम्ना ह्वचादनी दारु सरलं सैलवालुकम्।
कषायः शर्कराचौद्रयुक्तो वातज्वरापहः॥

अयं योगो गुडभावप्रक्षेपादपि रविगुप्तेन पठ्यते। P. 13.

2. अत एवोक्तं सिद्धसारे—

ज्वरातिसारयोरुक्तं निदानं यत् पृथक् पृथक्।
तत् स्याज्ज्वरातिसारस्य तेन नात्रोदितं पुनः॥ P. 34.

3. सुस्ताक्षुपर्णीफलशिग्रुदारुक्काथः सकृष्णाक्रिमिशत्रुकल्कः। फलशब्देनात्र विफला ग्राह्या रविगुप्तसम्वादात्। P. 77.

4. "समूर्व्वागोहिनीरास्नाशताह्वामधूकैः समैः" इति सिद्धसारदर्शनात्। P. 337.

5 अस्य च मात्रार्थं सिद्धसारो यथा :—

चत्वारो विन्दवः षड्वा तथाष्टौ वा यथाबलम्।
शिरोविरेचने योज्या उर्ज्जतुविकरिणाम्॥ P. 394.

(3) In the *Vyakhya Madhu Kosa*—

1. अतएव रविगुप्ते—

कृष्णभागे सितो विन्दुः शुक्लं विद्यात् कफात्मकं।
रक्तञ्च शुक्लभागस्थमर्ज्जुनं शोणितोद्भवं॥ P. 356.

(4) In the *Gada Nigraha*, I.—

Formula : Visvadya Butter.

सिद्धसाराद्गुल्मे विश्वाद्यं घृतम्।
पलांशैर्विश्वचव्याग्निपिप्पलीचारसैन्धवैः।
क्वाथेन चिरविल्वस्य घृतप्रस्थं विपाचयेत्॥
गुल्मोदावर्त्तपाण्डुत्वग्रहणीश्वासकासजित्।
कुष्ठज्वरप्रतिश्यायप्लीहार्शः शमनं परम्॥ P. 8.

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VISNU GUPTA (725 A.D.)

Visnu Gupta was the brother of Ravi Gupta. Their father's name is Durga Gupta. They were Buddhists by religion.

Visnu Gupta's Books :—

1. Siddhasara Nighantu : A Medical Dictionary perhaps based on Ravi Gupta's Siddha Sara. Mss. 1114क—*Nepal Cat.*

"No 114क, in PP. 36 and 130—seems to contain two works, one incomplete in the earlier, and the other in the later part. The two works are by two brothers, Ravi Gupta and Vishnu Gupta, both sons of Durga Gupta. Vinhnu Gupta's work appears to be a Nighantu, *Siddhasara Nighantu* noticed in page 36, and the other work Sidhasara Samhita by Ravi Gupta is on general medical science. The number of leaves 95 and the extent in slokas 1212 both refer to the combined *MS.* The date of the copy and reign of the king are both lost by lacuna.* *Bendall's Preface*, to *Nepal Cat.* xxiii.

Nepal Cat. P. 36 :—

सिद्धिसारसंहिता। It ought to be सिद्धिसारनिघण्टु।

दुर्गागुप्तपुत्रविष्णुगुप्तकृता। अक्षर—नेवारी। ९५ पत्राणि।

संवत् मिन-ऋतु य * * शु * एकादशी प्र द्वादश्यां तिथौ। (?) ज्येष्ठ प्र भूल नक्षत्रे। गुरुवासरे श्रीमद् श्रीश्रीराजाधिराज श्रीश्री * * * मल्लदेवस्य विजयराज्ये।

श्रीललितव्युमाया श्रीमनीग्लवैः पन्थिमस्य श्रीवुवद्वारवैद्य (?) श्रीजय * * केयम्। इदं। वैद्यशास्त्रं सिद्धसारनिघण्टकसमेतं लिखितमिति॥

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FOOD IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh).

(Continued from our last issue).

——:o:——

(I.) VEGETABLES & POT-HERBS (Sag).

The different parts of an edible vegetable are progressively heavier as follows : Leaf, flower, fruit, branch and root. Mushrooms are the heaviest of digestion.

Vegetables are generally heavier of digestion than other articles of dietary, produce wind, are drying but help formation of fæcal matter (due to the cellulose) and are the least nutritious of all food. (Their importance as articles of dietary are due to various salts, sugars and vitamines.)

1. "*Chuka Palang Sag*" (country sorrel) [Rumex vesicarius]—acid, laxative, light, appetizing, drying, increases "Pittta", checks "Vayu-Kapha", good to take with goat's meat for it helps digestion of the latter.

2. "*Pui Sag*" (Bacella Alba and Rubra)—cooling, soothing, deranges "Kapha", checks "Vayu-pitta", not good in bad throat, mucilagenous, induces sleep, increases spermatic fluid, strengthening, palataple good food.

3. "*Notia Sag*" (Amaranthus oleraceus)—light, cooling, drying, checks "Pitta and Kapha", purifies blood, palatable, appetizing, promotes secretion of urine and fæces.

4. "*Palang Sag*" (Beta maritenia)—spinach, increases wind, Kapha, cooling, induces motion, heavy of digestion, good in marrow disease and "Rakta-pitta", laxative (rich in vitamines).

5. "*Kalmi Sag*" (Convolvulus Ripens)—sweet, increases secretion of milk and seminal fluid.

6. "*Sushuni Sag*" (Marsalia Quadrifolia)—cooling, astringent, good in marrow disease, checks derangement of the three Doshas, light, sweet, of bitter taste, drying, appetizing, vitalising, palatable, good in fever, giddiness and insomnia.

Note :—Nos. 5 and 6 are shallow water vegetables and contain Iodide and Bromide.

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7. "*Amrul Sag*" (oxalis Corniculata)—appetizing, palatable, drying, heating, increases "Pitta", slightly acid, good in "Kapha and Vayu" diseases. diarrhœa, piles and Leprosy.

8. "*Mula Sag*" (New leaf of radish)—digestive, light, appetizing, heating if properly cooked, if not increases "Kapha and Pitta".

9. "*Jowan Sag*" (Leaf of ptychotis ajowan)—carminative, appetizing, checks "Vayu and Kapha", heating, bitter, pungent, increases "Pitta" and induces colic.

10. "*Palta*," (Leaf of Tricosanthus Dioica)—checks "Pitta", appetizing, digestive, light, soothing, vitalising, heating, nutritive, good in bilious fever, "Kapha" disease and worms.

11. "*Sarisa Sag*" (Leaf of mustard) is of pungent taste, increases faecal refuse, induces excess of urine, heavy, acid after digestion, heating, drying, checks "Tridosha", slightly salty and sweet, worst taste of all vegetables.

12. "*Neem Leaf*" (Leaf of nulia azadirachta) good for eyes, increases Vayu, pungent after digestion, good for worms, for "Pitta" disease, loss of appetite and Leprosy.

13. "*Fruit of Neem*"—bitter, pungent, induces motion, soothing, light, heating, good in Leprosy, piles, worms and urethral disease.

14. "*Mocha*" (Green plantain with imbricated leaves)—soothing, sweet, bitter, good to check Vayu-Pitta, Hæmaturia and wasting diseases.

15. "*Sajina*" *Flower* (Moringa Pterygosperma) is of pungent taste, heating, induces œdema and dropsy, good to check worms, "Kapha and Vayu" diseases and spleen.

16. "*Dumur*" (Ficus glomerata)—good in urethral discharges and diabetes insipidus.

17. "*Chal Kumra*" or a species of gourd—heavy, checks Vayu and Hæmatemesis.

If green—cooling, checks "Pitta."

If not fully ripe—deranges "Kapha".

If ripe—slight alkaline, sweet, appetizing, light, clears rectum and checks "Tridosha".

18. *Lau* (Bottle-Gourd or Cucurbita Laginaria) is sweet, checks "Pitta and Kapha", heavy of digestion, increases seminal fluid, appetizing and [illegible] bowel.

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19. *Kankur* (Cucumis melo)—cooling, drying, astringent, sweet, heavy.

If green—appetizing, checks "Pitta".

If ripe (*Phuti*)—relieves thirst and heat, checks "Pitta".

20. *Sasa* (Cucumber—cucumus sativa)—palatable, drying, increases secretion of urine.

21. *Chichinga* (Tricosanthus anguina or snake gourd)—checks "Vayu-Pitta", strengthening, good food, appetizing, good for those suffering from dropsy, though inferior to "patole".

22. *Patole* (Tricosanthus Dioica)—Digestive, palatable, vitalising, light, appetizing, soothing, heating, good in bilious fever, worms, cough and "Tridosha" derangement,

Its root is laxative.

Its leaf checks biliousness.

Its fruit checks Tridosha.

23. *Jhinga* (cucumis acutangula)—checks appetite, increases Vayu and mucus.

24. *Karala* (momordica charantia)—cooling, laxative, light, bitter but does not produce wind in intestine, good in fever, Pitta, Kapha and blood diseases, jaundice and urethral discharges.

25. *Uchhiya* (Bitter gourd)—appetizing, light and in other respects like "Karala".

26. *Sim* (Bean, Dolichos Lablab)—sweet, cooling, heavy, strengthening, increases "Pitta", checks "Vayu", deranges "Kapha".

27. *Baigun* (Brinjal or Eggplant—solanum melongena)—Sweet, pungent, heating but does not affect "Pitta" checks fever, Vayu and Kapha, appetizing, light, increases semen.

Unripe—checks "Pitta and Kapha"

Over-ripe—Increases "Pitta" and heavy

When burnt—increases "Pitta" very slightly, very light, appetizing, checks "Kapha", marrow disease, wind and mucous.

White variety—good in piles.

(5) VEGETABLES DERIVED FROM UNDERGROUND ROOT AND STEM.

27. *Ole* (Aurum campanulatum)—appetizing, drying, pungent, astringent, causes itches, and wind, light of digestion, checks

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"Kapha", Piles, Spleen, etc.—It is specially good to relieve constipation in piles. It is to be avoided by persons suffering from ringworm, Leprosy, Haematemesis.

28. *Man-Kachu* (Aurum Indicum)—good in dropsy as "Manmanda", cooling, light, checks hæmatemesis.

29. *Kandha or Chubri Alu* (Dioscora Glabra)—increases "Pitta", is strengthening, bitter, pungent, increases longivity, good food, appetizing, checks urethral discharge, Vayu, and Kaphaja diseases and good in Leprosy.

30. *Alu* (Potato)—is cooling, produces wind, sweet, heavy, evacuates urine and fæces, drying, checks hæmatemesis, increases Vayu and Kapha, is strengthening, vitalising and galactogogue.

31. *Mula* (Radish)—pungent, heating, appetizing, light, digestive, checks "Tridosha", good in various diseases.

NOTE.—All vegetables get bad after drying in the sun, hence these should be taken fresh except Radish which is very good when dried in the sun and preserved (the acrid principle which is irritating to the kidneys is evaporated and lost).

32. *Thore* (middle or pith of plantain tree)—is cooling, strengthening, good for hair, checks acidity, biliousness, burning, is appetizing, sweet and laxative.

(6). VEGETABLES DERIVED FROM WATER PLANTS.

33. *Kasur* (Scirpus Kysur)—cooling, sweet, astringent, heavy, checks Pitta and burning, checks "Vayu Kapha" and is astringent.

34. *Saluk-danta* (Nymphœa)—cooling, checks Pitta, is heavy and indigestible, increases "Vayu and Kapha", is sweet and drying.

35. Lotus plant (*Padma-Danta*)—similar in properties to No. 34.

36. *Mushrooms* on wood, bamboo, etc. are the best of the lot. They are cooling but derange "Tridosha", are heavy of digestion, slimy and bring on various diseases, *e.g.*, fever, cough, vomiting diarrhœa, etc.

37. *Hincha* (*Enhydra fluctuans*)—antibilious, stomachic.

It is to be noted that vegetables growing out of season, grown on bad soil, those that are not very healthy and vigourous, when not fresh, and when not properly cooked with "ghee" or oil should be avoided.

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Modern Analysis of some Vegetables.

Name.	Proteid (grms.)	Carbohydrates (grms.)	Fat (grms)	Calories.
Puin Sag ...	1.6	trace	trace	1
Natia Sag ...	0·2	Do.	Do.	...
Palong Sag ...	0 18	Do.	Do.	...
Uccha ...	0·1	Do.	Do.	...
Jhinga ...	0·1	Do.	Do.	...
Lau ...	0·16	0·27	0 7	8
Chal-kumra ...	0·05	0·36	trace	2
Patal ...	0·21	0·37	Do.	3
Mula ...	0 18	0·54	Do.	3
Baigun ...	0 16	0 57	0.1	4
Mocha ...	0·08	0 7	trace	2
Thore ...	0·01	0·7	trace	1
Sasa ...	0·24	0·1	0·03	5
Mankachu ..	0·07	3·3	trace	...
Ole ...	0·68	3 8	0·86	25
Kandha ...	0·27	4·8	trace	20
Kantal-Bichi ...	3·9	9·4	0·59	57
Sim ...	0·37	2·1	0·17	14
Matar-Sunti ...	2·5	6·6	0·3	19

The above is analysed with a view to find out what is fit for Indian diabetics. The salt requires determination, specially the quality, which explains the properties of different vegetables. This has not been systematically done as yet.

Another Analysis in Percentage.

Name.	Proteid	Carbohydrate	Fat	Salt	Cellulose
Ole	2·3	12·8	2·9	1·4	...
Dried unripe plantain or Kanchkola	4·1	77·8	3·4	2 7	1·3
Baigoon ...	1·4	4·3	1·5	1 3	...
Sim ...	2·1	6 9	3·3	0·7	...
Mula ...	3·2	3·4	trace	0·8	...
Lau ...	0·5	0·9	2	0·2	...
Patole ...	0'6	4	0·3	...	2·1

(*To be continued.*)

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RESTORATION AND DEVELOPMENT OF AYURVEDA

BY

DR. GIRINDRA NATH MUKHERJEE, B.A., M.D., F.A.S B.,

Author of Surgical Instruments of the Hindus, History of Indian Medicine, etc., etc.

—o—

It is no doubt interesting to find that the public have at last awakened with a sense of responsibility as to their duty to help in the regeneration and development of Indian medical science. The Hindu physicians themselves have felt the necessity of an organisation among their professional brethren for the consideration of the ways and means for the proper study and improvement of the science of medicine and for propaganda work to train public opinion and enlist public sympathy in its favour. The All-India Ayurvedic Conference thus ushered into existence. It has been doing useful work in this direction and holds its sittings in different provinces year after year. Important discussions relating to some department of medical science are held there amongst the physicians of various parts of India and Ceylon, irrespective of cast or creed. Such deliberations have not only enriched science but cemented the friendship of delegates who represented the different sections of the population of India. The Head office of All-India Standing Committee—the Ayurveda Mahamandala and Vidyapitha is located at Cawnpur for the present. About two dozen centres have been opened in the various parts of India to conduct examination of students of Ayurveda. Such centres of examination exist in Bengal, Behar, Oudh, Central India, Delhi, United Provinces, Rajputana, Central Provinces, Punjab, Sindh, Orissa, Dravida, Andhra desa, Bombay, Karnatic, Berar, and Ceylon.

Our Government could not sleep over this consciousness of the people to regenerate their own system of medical practice. Colleges for systematic study and research have been established by the philanthropic and public-spirited citizens which have not failed to attract a due share of sympathy and patronage, however insufficient in comparison to the universal good, the object of such

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institutions,—from the Government. The municipal and other corporate bodies have realised their duty towards the development of the indigenous system of cure which alone can reach the teeming millions of poor inhabitants through a network of charitable dispensaries and hospitals which will distribute remedial agents at a comparatively cheaper cost. Madras has got its Government school of Indian Medicine, besides the Chanra Purai Ayurveda Kalasala, established by its public-spirited citizens. Ayurvedic Department has been opened in the Hindu University of Benares with a hospital attached. In this scared city of the Hindus, and the ancient seat of Hindu learning and culture, the Ayurveda Vidyaprobodhini Pathsala has been founded. In Rishikul, Hardwar, the Ayurveda Vidyapitha ; in Rishikesh, the Bawa Kali Kamble Waleka Ayurveda Vidyalaya ; in Pilbhit, the Lalit Hari Ayurveda College ; in the Presidency of Bombay, the Prabhuram College ;—all bear testimony to the self-sacrifice and energy of the founders and promoters of these centres of education. The Ayurvedic College of Gurukul, Kangri ; the D. A. V. College of Lahore ; and the Ayurvedic and Unani Tibbi College of Delhi are now recognised institutions for the cultivation and advancement in the sciecce of Ayurveda.

The Indian chiefs were not slow to manifest their sympathy towards this renaissance of Ayurvedic treatment. Jaipur had been the seat of a college of Ayurveda—the Jaipur Raj Ayurvedic Vidyalaya—financed and maintained by the State from a long time. Maharaja of Alawar is well-known for his encouragement towards Ayurvedic studies. The Gwalior Raj Ayurveda Vidyalaya, the Mysore Government Ayurveda College, the Patiala Raj Ayurveda Vidyalaya, the Trivendrum Government Ayurveda College, the Baroda Raj Sanskrit and Pariskha Samiti and the Ayurveda Mahavidyalya, Patan, Baroda State, are unmistakable proofs of the faith of the noble Princes who are at the helm of these principalities. Bharatpore spends a good sum for the treatment of its subjects according to the Ayurvedic method, and other states are helping in this regeneration.

Besides the Madras Government College of Ayurveda, there are other colleges founded by our Government, *viz.*, The Behar Government Ayurveda Vidyalaya at Jagganathpore, the Muzaffarpore Government Ayurveda Vidyalaya and the Ayurvedic and Unani College at Delhi. The U. P. Government has the

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intention to appoint a committee to enquire about the Indigenous system of medicine. The Government of the United Provinces has sanctioned the annual recurring grants-in-aid of Rs. 30,000/- for the benefit of the Ayurvedic Institution under its jurisdiction and for the sanction of a donation of Rs. 50,000/- and an annual recurring grant of Rs. 5,000/- in aid of the Rishikul Ayurvedic College.

In Bengal an Ayurvedic Committee was appointed by the Government of Bengal in August 1921. In 1925 the Committee submitted its final Report for the consideration of the Government of Bengal. The decision of the Government of Bengal is being anxiously expected by the people but we do not know when it will be made public. Three Ayurvedic Colleges have been started in Bengal; the Astanga Ayurveda Vidyalaya, the Vaidya Sastra Pitha, and the Ayurveda Vidyalaya named after Govinda Sundari, mother of Maharaja of Cossimbazar. Of these the Astanga Vidyalaya is better equipped with library, laboratories, etc., and is likely to have its buildings completed soon. The Corporation of Calcutta appointed a Committee to find out means for the amalgamation of the three colleges, but notwithstanding the best efforts of the Committee the amalgamated College of Ayurveda could not established. I was a member of the Committee, and the report we submitted is annexed herewith for the information of the public. The Corporation has sanctioned grants-in-aid for the three schools. The Corporation has opened Ayurvedic charitable dispensaries in the different quarters of the town. Four charitable dispensaries* have already been started in its four districts,—an example which has stimulated other provinces and even villages. The Municipalities, District Boards, Union Boards and benevolent citizens have thus recognised the claims of Ayurveda as a system of medicine which requires improvement and help.

In Ceylon, the Lanka Ayurvedic Medical College with a Hospital attached has been opened at Jaffna. The Karnataka Ayurvedic Collge of the Andhra Research University has been established at Vizianagram. Even institutions established to teach Western system of Medicine have incorporated Ayurveda as one of their subjects in the final examination. The Jatiya

* Since now a dozen centres in Calcutta and Suburbs have been sanctioned to be opened.

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Ayurjibana Vidyalaya or the National Medical Institute of Calcutta teaches Ayurveda in its fifth year as a subject in the curriculum of studies.

Associations for the cultivation and improvement of the science have been found. Two associations—the Ayurveda Sabha and the Brahman Ayurveda Sabha have been established in Calcutta, and are doing useful work.

A Journal of Ayurveda has been started in Calcutta. Contributions from renowned physicians of Calcutta and eminent Vaids in the domain of Ayurveda and kindred science are being published month after month. Similar journals are being published form other provinces, though the scientific value of such publications requires better management as regards choice of articles and contributions. When I began to study Ayurveda, contributions from the Graduates of the Medical Colleges of India were few and far between, but now well-read and experienced physicians are coming forward with their excellent articles on some aspect of Ayurvedic studies. Thus an attempt is being made to resuscitate the knowledge embodied in the Ayurvedic literature, not only by the practitioners of the art but also by the learned men from a love of scientific investigation.

The original works on Ayurveda are written in Sanskrit language. Many of the works have been translated in the vernaculars of the different provinces. The works of Charaka and Sushruta have been translated in the English language, and it is available to all in its European garb.

Attempts are being made to write original treatises in Sanskrit and to edit and revise well-known text books, incorporating modern scientific knowledge in the light of Ayurvedic theory and practice. Some of the original productions of the Rishis have been edited with original commentaries written by the editors.

Publications of Ayurvedic books are being taken in hand by the enterprising proprietors of the Nirnayasagar Press, Bombay, Sri Venkateswar Press, Laksmi Venkateswar Press, Jnansagar Press, Benimadhab Dey, Jivananda Vidyasagar and C. K Sen and Co. of Calcutta. The University of Calcutta has given me every facility in the publication of my contributions towards the study of Hindu Medicine, and has published the highly original treatise of Bhela which was not available to scholars. It is no doubt highly gratifying to me that Bhela Samhita has been edited and

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published as I pointed out the desirability of the publication of its manuscript from the Tanjore Library in the Introduction to Vol. I., p. 34 of "History of Indian Medicine". The example thus set forth by the University of Calcutta should be followed by the other Universities of India.

The Sastric medicines are being tested scientifically at the school of the Tropical Medicine and the Ayurvedic Conference has recommended the necessity of inclusion of effective and useful medicaments of other systems of medical practice in the science of Ayurveda. Consequently we may entertain the hope that in the near future the system would be thoroughly renovated to be of practical use to the people for whom it is intended.

As I was requested to express my opinion on the desirability of the restoration and development of the Ayurvedic medical sciences and to give evidence before the Ayurvedic Committee appointed by the Government of Bengal, I submitted my report for the consideration of the committee. The scope of my inquiry is described in the following letter, dated the lst of September, 1923 After the submission of my report I received the questionaire prepared by the Committee as to the points on which information was required. The oral evidence before the Committee was taken on the 6th November, 1923, and an abridged copy of it is also attached with the report.

The Committe referred to in the latter consisted of learned members, official and non-official. Dr. M. N. Banerjee, B. A., M. R. C. S., (Eng.), L S A. (Lond.), was the President of the Board; and Major R. N. Chopra M A., M.D., B Ch. (Cantab), I.M S. was its Secretary.

I received the following letter from the Secretary :

AYURVEDIC COMMITTEE,
BENGAL.
School of Tropical Medicine.
Calcutta, 1st September, 1923.

TO

Dr. Girindra Nath Mukherjee,
B. A., M. D., F. A. S. B.

SIR,

The Government of Bengal, appointed a committee to consider and report, after taking such evidence as may be thought necessary what practical steps can be taken for the restoration and develop-

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ment of the Ayurvedic system of treatment, with special attention to the question of teaching of that system, with any necessary modifications, under proper supervision and control.

The committee so appointed circulated a questionaire last year to nearly 400 distinguished Kavirajas and other gentlemen interested in this subject, but received replies from sixty only. A large majority, whose reviews could be of great value and help to the committee, refrained from replying or expressing their opinion.

It has been urged that the question of restoring and developing the Ayurvedic system of medicine is very important to the country not only from economic considerations but also from the point of view of bringing medical relief within easy reach of the great masses of suffering humanity especially in the rural areas.

Western medicine has done and is doing a lot towards this end, but inspite of all efforts a large majority of the population are without adequate medical relief.

It has also been urged that even in Calcutta where there are so many Government and other hospitals and dispensaries, a great number of people resort to Ayurvedic and other institutions of the indigenous systems, either for preference or for low cost of treatment. From the evidence already obtained it appears that the Ayurvedic system for various reasons has not made much progress for many centuries and in some instances has actually lost ground. The question before the committee now is in what way can this system be restored and developed, and also how it can be taught to suit modern requirements.

In consideration of the very important issues involved, may we appeal to you to please give us your views on this subject with special reference to :—

(1) Need for restoring and developing the system on scientific lines to suit present day requirements and the way in which it can be accomplished.

(2) Teaching institutions and hospitals required with a scheme of their working.

(3) General qualification of students before commencing Ayurvedic study. Medium of instructions suited for Bengal. Period of study and course of instruction. Diplomas which may be granted.

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(4) Present condition of the literature and the steps which can be taken for making it available to the students and practitioners in suitable form.

(5) Present status of Ayurvedic practitioners, its disadvantages and the remedies for the same. Whether registration is necessary.

(6) Steps to ensure proper production, collection and sale of drugs. Standardisation of preparations in common use.

(7) How the Government, Local bodies (such as Municipalities and District Boards), Universities and private enterprise can help in developing the system.

The Committee will consider it a great favour if you would kindly give your opinion on all or any of the above points in a written statement or make it convenient to meet the Committe at any time or place that may suit you so that they may have an opportunity of discussing various important points with you.

As the Government are pressing for a report the Committee solicits a reply to the undersigned before the 10th of September.

Yours faithfully,
Sd/ R. N. CHOPRA,
Major, I. M. S.,
Secretary, Ayurvedic Committee, Bengal,
School of Tropical Medicine Calcutta.

I submitted my views on the 25th of September, 1923. Then the Secretary sent me the questionnaire with the following letter :—

AYURVEDIC COMMITTEE BENGAL,
School of Tropical Medicine.
Central Avenue, Calcutta.

Dear Sir,

I am in receipt of your very interesting memorandum in reply to my circular letter dated 1st Sept. 1923 and I thank you for the very valuable information you have conveyed.

I am herewith sending you a copy of the questionnaire and if you can throw any more light on any points mentioned therein the Committee will feel very grateful.

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I hope the Committee will have the opportunity of meeting you soon. They particularly wish to discuss with you the full working details of the Central Ayurvedic College and Hospital you have suggested If you can give any further information in writing before we meet, it will help the discussion considerably.

Yours faithfully,
Sd/ R. N. CHOPRA,
Major, I. M. S., Secretary.

Questions to Witnesses.

1. What section of the Indian public take advantage of the Ayurvedic system of medicine ?

Please give figures from charitable institutions or from your personal experience if possible.

Will adoption of the system facilitate medical aid in general to the section of the population who are not getting it at present ?

2. How would you revise the system and restore it ?

Would you do it in all the eight divisions (Ashtanga) ?

If so, what method would you suggest ?

Are you in favour of scientific investigation and of incorporating new discoveries into the system ?

3. What is the special field, if any, of Ayurvedic medicines as practised at the present day ?

Please specify any line of treatment of drugs which in your opinion are specially efficacious and superior to those in other systems.

4. To what extent was the Ayurvedic literature developed at the time of the original exponents of the system ?

What is its present condition and what are the causes which led to it ?

Have attempts been made to bring the system up to date ?

How can such attempts be encouraged ?

5. With a view to more efficient teaching of the system to meet present day requirements, would you please state the position of existing literature in :—

Human Anatomy and Physiology ; Materia Medica; Medicine and Surgery (including Pathology); Gynæcology and obstetrics ; Hygiene and Preventive Medicine.

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Please give a list of important works in these subjects. Have these been printed ; if so, are they suitable for students and probationers ?

If there are any deficiencies ? How can they be made good ?

6. What steps can be taken for collecting and publishing standard editions of Ayurvedic works so as to make them available in sufficiently easy form for average class of students and practitioners ?

7. What is the present method of obtaing crude drugs and making preparations ?

Have any attempts been made—

(*a*) To standardise and to find out therapeutic and lethal doses of drugs and preparations in use ?

(*b*) To ensure proper production, collection and sale of drugs ?

Please give your suggestions as to how this can be carried out effectively so as to have a uniform standard for the guidance of all concerned.

8. How does the cost of treatment by this system compare with Allopathic systems ! If possible please quote figures from records of existing institution or your own cases.

Is it true that the cost of some of the drugs is prohibitive ?

9. What are the present arrangements for teaching of this system in Idia generally ?

Is there any central organisation controlling the students ? If so what are its methods ?

Please give suggestions as to how these can be improved.

10 If an Ayurvedic School recognised by the Government is established, would there be—

(*a*) Sufficient number of students forthcoming ?

(*b*) Possibility of getting requisite number of qualified teachers in different branches ?

(*c*) Sufficient clinical material available in the hospitals attached for training of students ?

Would such a school improve the status of Kavirajes passing out ? What in your opinion would be the cost of a well equipped teaching institution ?

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11. What should be the general qualifications and preliminary training of students before starting the study ?

What should be the period of study and medium of instruction ?

12. Do you consider the study of modern scientific methods as illustrated by the study of Physics, Chemistry, Biology, Human Anatomy and Physiology, in the early part of training, and Pathology and Bacteriology in the latter part essential or not ?

With view to economy, would it be possible for the lectures and practical training in these subjects to be attended in any of the recognised medical schools ?

Can any other subject such as Surgery be treated in this way ? If not what would you suggest ?

13. Should the course for the students be prepared with special reference to progressive standards (*e.g.*, L.M.P. of Medical Schools as in cases of Sub-Assistant Surgeons and M.B., B.S., and M.D., of Universities as in cases of Assistant Surgeons) or otherwise ?

14. What are the disadvantages from which Ayurvedic practitioners suffer and what remedies can you suggest ?

15. Do you consider registration on the same lines as medical registration desirable ?

If so, how would you constitute the Registration Board and what safeguards would you propose for existing practitioners ?

If not how will it be possible to distinguish real Vaidyas from quacks ?

16. How in your opinion can, the Government, local bodies such as Municipalities, Universities and private enterprise help in restoring, developing and fostering the system ?

17. Can you give an idea as to cost of restoration and development of the system, to suit modern requirements, on the lines indicated by you ?

(*To be continued.*)

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CORRESPONDENCE.

—:○:—

I

SOME CLAIMS OF AYURVEDA.

To THE EDITOR,
THE JOURNAL OF AYURVEDA,
2, Harakumar Tagore Square,
CALCUTTA.

Dear Sir,

With regard to the series of articles that appeared under the caption, "Some Claims of Ayurveda" I may be permitted to add the following informations :—

The Madras Indigneous Medicine Committee came to the conclusion that—

"From the point of view of science, the Indian medical system is strictly logical and scientific."

The Calcutta University Commission (Saddler Commission), an Impartial body of learned men remarked that—

"The ancient system of medicine (Indian) possessed an imposing treasure of empirical knowledge and technical achievements which cannot bo safely ignored even these days of rapid progress."..... "That the entire system of indigenous medicine as practised in India affords a fruitful field of study and investigation."

The late Sir Pardey Lukis stated as follows :—"I wish to impress on you most strongly that you should not run away with the idea that everything that is good in the way of medicine is contained within the ringed fence of Allopathy".

Captain Srinivas Murti stated as follows :—"Scientific truths canont vary with geographical boundaries. The one-pointed search for truth should be the aim of every scientific endeavour. Truth is one, neither Eastern nor Western but Universal."

Lt. Col. Harold Brown, I.M.S. (retd.) stated that "there are a great many indigenous drugs of extreme utility but little known to students of western medicine."

Regarding *Surgery* Kaviraj Jamini Bhusan Roy stated that though the art of surgery is almost lost, it can be easily revived. "Modern Surgeons will be more up-to-date if they acquaint themselves with Ayurvedic Surgery", specially the after-treatment of cases after surgical operations.

The writer knows of a case of hiccough following an operation of appendicitis by one of the leading Surgeons of Calcutta, which baffled

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the joint attempts of the best surgeons and physicians of Calcutta but promptly relieved by Ayurvedic treatment.

Another case of infantile convulsion which could not be relieved by the joint attempt of a Civil Surgeon with two assistant surgeons was promptly relieved by a mediocre Vaid in a district town in Behar.

Mahamahopadhyaya Gananath Sen and Kaviraj Jamini Bhusan Roy both stated that western medicine diagnoses disease, not a patient, that the manifestations of disease vary with individual *temperament.* Indigenous medicine does both.

As illustration, may be mentioned that in the West in transfusion treatment, sometimes the patient suddenly dies without any reason or any apparent fault of technique. It is being slowly recognised that the donor and recepient are incompatible (Dr. Geoffrey Keyner M.D, of St. Bartholomew's). This is easily accountable by the Ayurvedic theory of temperament which also explains how such catastrophy in transfusion treatment (which is recently revived and is daily increasing in popularity) can be completely avoided.

Protein intoxication, anaphylaxis, Idiosyncrasy for certain drugs and diseases and many such puzzles of modern medicines which are more or less jugglery of terms recently coined to mystify people about the ideas vaguely conveyed by them can be more satisfactorily explained by the Ayurvedic theory of temperament.

Both Ayurveda and Homœopathy state that Allopathy not being able to diagnose a patient suppresses the immediate urgent symptoms of disease which becomes latent for the time being but does not cure the patient completely—later on, it comes with increased vigour. There are more *chronic diseases* following allopathic treatment for the latent state of disease is unrecognised by Allopaths having no clear knowledge of the condition of health of individuals in particular, which depends on a knowledge of temperament (Dr. P. L Jha, L.M.S., of Cawnpore).

The chief advantages of *Indigneous drugs* is that it is tested for centuries in the Tropical world and its efficacy ascertained whereas imported allopathic medicines have been tested on men residing in the cold regions of earth and its action cannot be the same in the case of eastern nation's living in the tropics as is found in every day practice.

In the treatment of diseases Allopathy aims at specific treatment of cause and not specific treatment of the patient. The same disease does not manifest the same symptoms in every patient How can you then expect that specific treatment of the cause will be successful in every case? Allopathy is getting a glimpse of this idea in their non-specific protein and other therapy. (modified from Kaviraj Haran Chandra Chakerburty's remarks.)

"In the West dietetics are based on chemical knowledge and chemical analysis of ingredients. Sugar contains in its ultimate analysis Carbon

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and water ; Sherbat of Charcoal won't produce the same effect as Sherbat of Sugar" (Haran Chandra Chakerburty). Chemical analysis and study of diet and drugs alone are not sufficient.

Talking of Surgery, Kaviraj Chuckerburty remarked that "Even in matters of Surgery in which the West occupies the highest place at the the present time, Eastern Surgery can show several points in its favour over the west," (which is his personal practical experince of the last 40 years), *e.g.*, medicated douching (vasti kriya), blood-letting, application of cautery in cases where the granulations are indolent, in cases after operation to avoid cicatrix marks (sarbarikaran) the five principal accessory procedures (Pancha Karma) etc.

In conclusion, it must be stated that without State-aid Ayurveda won't revive readily. The case for the State encouragement of indigenous science and literature cannot better be summed up than in the following words of Colebrooke, the eminent Orientalist, words, which are as true and as worthy of consideration to-day (perhaps more at the present time as more than a century ago (1811) when he wrote them. The Calcutta University Commission rightly considers this minute of Colebrooke as "of abiding interest and special value."

Colebrooke wrote as follows :—

"It is a common remark that science and literature (Indigenous) are in a state of progressive decay. The number of learned is diminishing and the circle of learning is contracting The immediate consequence is disuse and even actual loss of valuable books. Unless Government interfere with a fostering hand, their revival will soon be hopeless for want of books and of persons capable of explaining them. In the former times these were encouraged by princes, chieftains and opulent individuals under Native Government. Such encouragement was all the more needed as the learned professions had little, if any other support. It is seriously to be lamented that a nation particularly distinguished for its love and successful cultivation of letters in other parts of the Empire should have failed to extend its fostering care to the literature and science of the Hindus and aid in opening to the learned in Europe the repositories of that literature.

So far as Indigenous medicine is concerned, powerful vested interest is standing in the way and forcibly shutting the eyes of Government and preventing it to perform this very sacred duty of the State which even the so-called "uncivilized Eastern despots" did not neglect when they ruled the land.

A STUDENT OF AYURVEDA.

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II

[All Ayurvedic Associations throughout the length and breadth of the Indian Empire are requested to send full reports of their meetings and workings for publication in the Journal of Ayurveda.—Editor]

FROM

B. V. RAJAMANICKAM,
SECRETARY, NORTHERN TALUKS,
The Coimbatore Dist. Indigenous Association.
BHAVANI.

To

The Managing Editor,
THE JOURNAL OF AYURVEDA,
CALCUTTA.

Dear Sir,

A Conference under the title of the First Coimbatore District Ayurvedic Conference was held at Udamalpet on 19th February, 1926 in accordance with the Resolution III A of the 15th All-India Ayurvedic Conference The said Association has been formed to carry out the objects of the Resolution IV A of the 15th All-India Ayurvedic Conference.

A copy of the Resolutions of the 1st Coimbatore District Ayurvedic Conference has been enclosed herewith for publication in your valuable Journal.

Thanking you in anticipation.

Yours faithfully,
B. V. RAJAMANICKAM.

THE 1ST. COIMBATORE DIST. AYURVEDIC CONFERENCE.

19-2-1926. (Udamalpet.)

The following resolutions have been carried out under the Presidency of Vaidya Ratna R. Baratha Sastiar in the 1st. Coimbatore District Ayurvedic Conference held at Udamalpet (Coimbatore District) on the 19th and 20th February 1926.

RESOLVED :—

I. That the Conference desires that an Indigenous Medical Association be formed in the Coimbatore District and that the Office-bearers be elected and that they will have to look after the improvement of the said association.

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Proposed by M. R. Rg. R. Baratha Sastiar, Vaidya Ratna
President Elect.

Seconded by Chairman, Reception Committee,

2 That those who possess certificates granted by the All-India Ayurveda Mahamandal or by the heads of any Indigenous Medical Institutions, and that those who have put in not less than five years standing medical practice with a fair knowledge of (at least) vernacular, and that *those who have faith in the indigenous system* * be qualified to become members of the association.

Proposed by M. R. Ry. B. V. Rajamanickam, Bhavani.

Seconded by ,, R. Baratha Sastiar. Avl., Vaidya Ratna Madras.

Amendment proposed by M. R. Ry. R. Rajagopal Rao Avl., Tannalirh.

,, seconded by M. R. Ry. M. S. Rangacharia Avl., B. A., B. L.

,, Supported by M. R. Ry. Venkatarama Sastiar, Avl., B. A., B. L.

3. That the District Boards, Taluk Boards, Municipalities and Unions be requested to open Indigenous medical schools and dispensaries and to grant scholarships to those who study in Ayurvedic Schools and that the Association records its appreciation and gratitude to those bodies for having helped to advance the cause of Ayurvedic system till now.

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* The italics are an amendment on the resolution of the Subjects Committee.

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8. " V. R. Srinivasa Rao Avl. Ayurvedic Physician, Coimbatore.

Bhavani (South India), *10th March, 1926.*

B. V. RAJAMANICKAM,
Secretary, Northern Taluks,
The Coimbatore Dt. Indigenous Association.

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Medical News and Notes.

—o—

QUESTION OF INDIGENOUS TREATMENT.

I

In a recent meeting of the Madras Legislative Council, discussion was raised about Government encouraging Ayurvedic and Unani medical practitioners in rural areas, by offering subsidies. The Raja of Panagal, Minister-in-Charge, drew attention to the existence of a Government school of indigenous medicine in Madras, started last year, and said that the matter could not be pushed further before a sufficient number of practitioners were trained in this institution.

Referring to the suggestion made by the member from Malabar, the Minister said that although there might be a large number of trained indigenous medical practitioners in Malabar, Government could not undertake the responsibility of recognising and subsidising them in the absence of an inspecting agency, but it was open to local boards to subsidise them, provided they were efficient.

II

DR. LAKSHMIPATHI'S LECTURE.

Dr. Lakshmipathi delivered his first lecture on Mar. 20 last on the Historical Survey of Indian Medicine in Edward Hall, Madura under the presidency of municipal chairman Mr. R. S. Naidu, Bar-at-Law. After the recent publication of Arthasastra which is not merely a text book of political economy but an Encyclopœdia of contemporary scientific knowledge in all departments, History of Indian Medicine and methods adopted by ancient Hindus have become very clear. This work has given us a strong corroborative contemporary evidence in proof of many valuable facts contained in ancient medical works. The scale of punishment laid down for infringement of public health was very servere. The society was so thoroughly organized in the most democratic manner that the bigger fish could not swallow the smaller ones.

In the best interests of good government, thorns had to be removed with a cruel hand but actuated with deepest feelings of kindness to the people The Medical practitioners were held in great esteem. The physicians helped the king not only in his diplomatic relations with his enemies but also in keeping up a high state of morality in the people. The physicians' camp in the battlefield was next to that of the king and was fully furnished with necessary equipment for treatment of all sufferers from injuries, disease or poisons.

He then explained the system of personal and surgical cleanliness as indicated in Ayurveda and said that India was in ancient times the cleanliest of the nations. Cutting open the abdomen of a patient was an easy thing for Sushruta, the famous surgeon of those days; he was perfectly clean and his success was therefore insured.

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(*An address delivered at the Foundation ceremony of the Hindu University*)

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THE JOURNAL OF AYURVEDA

Vol. II.] May, 1926. [No. 11.

While the Government of Behar and Orissa has just passed the barrier of closed ranks of the interested few, by deciding in favour of opening an Ayurvedic College and a Tibbi Institution at Patna and providing for their upkeep the Government of Bengal is still idly ruminating over the Reports of the Ayurvedic Committee which, after three years deliberations, was submitted for its consideration about a year ago. Madras, the benighted province, the backward United Provinces of Agra and Oudh and Behar and Orissa marked the seal of approval in no uncertain terms about the utility and value of Ayurveda : but Bengal, with all its boastings and tall talkings is lagging behind. Unless, however the Government comes forward with its seal of approval, the people have no hand in the fruition of the scheme. But the Department of Self-Government, on whose anvil this instrument is to be forged, is in the hands of an Indian Member of the Executive Council and it is to be greatly regretted that he is allowing valuable time and opportunities to slip away.

We have again and again pointed out clearly, definitely and rationally that Ayurveda is the system of medicine suitable for tropical people in a tropical climate. If any one goes through the pages of this Journal since its debut, he will be convinced of its adaptability and value it as a national system of medicine, not only for the rich but more for the dumb millions, who are dying like cats and dogs without receiving any medical relief whatever. It seems that being convinced of the strength of our cause and afraid of the consequences which its adoption might give rise to, Col. Megaw, the worthy editor of our contemporary, *the Indian Medical Gazette*, had another fling at us in the April number of the Journal, which, from its tone and manner of delivery, reminds us of the adage "selfishness is only human", for where vested interests are at stake, the critic naturally forgets the other side of problem.

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The Colonel is "astonished to find highly trained medical men advocating a scheme for the enlisting of the services of indigenous practitioners with a view to providing medical relief for the whole population of India. Such schemes are creditable to the hearts than to the heads of the proposers and we are of opinion that it will be a black day for India if the forces of medical science are diverted to unscientific channels."

Could anybody believe that men of eminence like the late Sir Pardey Lukis, Sir Michael Sadler, Col. Browne, Col. Maclaren, Major Chopra, Captain Srinivasmurti and others of their ilk, whose names are legion, were guided in their praises and recommendations of Ayurveda by their hearts and not by their heads? Rather we should say that long and intimate acquaintance with the result of the indigenous practice side by side with their own made them change their views: and they were men above party interest and rose above party considerations in boldly declaring what is truth.

Is it not a fact that the Government will go to bankruptcy if arrangements are made for the supply of Western medicine with all its paraphernalia and transplant western form of relief to the teeming millions of India?

Is it not a fact that the detractors of Ayurveda in their condemnation are themselves quite ignorant about its high philosophical principles and practices and that the little they know and gabble about is based on hearsay and imperfect translations?

Is it not a fact that Ayurveda in theory and practice lays special stress on personal and public health measures most suited to tropical India, the neglect and non-observance of which are responsible for the present decayed health conditions of its people?

Is it not a fact that the very foundation of Western Medicine, the re-christened scientific system of the Colonel, is shifting from day to day? Truth is truth irrespective of age and Ayurveda has a better claim for being more scientific than modern medicine.

Is it not a fact that the followers of Ayurvedic treatment are curing many diseases which the devotees of Western medicine fail to tackle successfully?

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Is it not a fact that Western Medicine is trying to approach only the fringe of tropical medicine, which Ayurveda had conquered ages hence so far as Indian tropical medicine was concerned? Granting that the authors of Ayurveda had no idea of "imported" diseases, had they not left a broad basis for the treatment of such diseases based as is their method of treatment in terms of the soil, as opposed to the seed, which is now slowly but surely reverting in the West, not only in the curative but also in the preventive field.

Then the Colonel advances the argument that "we are suspicious of words which have no backing in action, and we find that there is much financial support for schools and colleges which teach scientific medicine but very little for the Ayurvedic and Tibbi Schools."

In one of our previous articles under the caption "State Recognition and State Aid" we already discussed and pointed out the cause of this uneven distribution : and we again declare emphatically that with State Aid and State Recognition money will flow abundantly to start hospitals, schools, colleges and laboratories, when we will be able to practically demonstrate before the scientific world the value of Ayurvedic treatment in fighting out diseases peculiar to tropical climates. Cheapness is another consideration in support of the development and spread of Ayurveda. We do not grudge the pay of medical officers who are devoting their best in life for ameliorating the distress of people suffering from curable and preventible diseases. The adoption and cultivation of the indigenous system will save the poor populace from a drain of money in Western medicines, which they can ill-afford to bear.

Then the Colonel is afraid of "chaos" and of the double cost of the Government for maintaining and financing both the systems. Here also he is sadly mistaken. Chaos will result if Ayurveda is left to chance to develop as his colleague so nicely put in his paper. The knight-errant of Western medicine, however he may try, cannot crush Ayurveda, for the people of the land demand its help and development. To prevent the *chaos* which he is so afraid of, he should come forward with an open mind and exercise his influence to develop an inter-national yet Indian system of medicine, based on Ayurvedic treatment, supplemented by the modern

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improvements in surgery, midwifery and gynecology which have partly fallen into disuse.

It will indeed be a "black day for India" if European medicine is allowed to flood the country, which in respect of strength, dosage and the soil on which it is employed, will go on acting detrimentally on people of poor physique of tropical climes. Another point in favour of Ayurveda is the elaborate system of its dietetic rules in health and disease which are more suited to the people of India than the transplanted dietetic rules of Western practice.

It is time that the Ayurvedic physicians of India and specially of Bengal should combine to make a solid protest against the repeated attacks of the Colonel in lowering Ayurveda in the estimation of the people and the Government. The All-India Ayurvedic Conference which recently held its annual meeting at Jaipur, should have framed and passed a resolution on this matter. The recent riots prevented the Calcutta Delegates from attending the Conference and so the point was not raised and discussed, though originally mooted out. It is now incumbent on the Bengal Provincial Committee of the All-India Ayurvedic Mahamandal to call a meeting at an early date and protest most emphatically against the unmerited attitude of the Colonel towards Ayurveda. Ayurvedic physicians of all shades of opinion should combine in this common cause. For is it not significant that the repeated attacks of the Colonel, just at this time portends a cloudy sky? The fate of Tibbi in Bengal was weighed and found wanting and the Colonel's inspirations at this psychological moment when the Government has not yet pronounced on Ayurveda, jars a rather discordant note of warning.

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Original Articles.

THE METHOD OF PULSE EXAMINATION ACCORDING TO AYURVEDIC SPHYGMOLOGY

BY

EKENDRANATH GHOSH,

Professor of Biology, Medical College, Calcutta.

—·o:—

The mode of feeling the pulse is described in most of the treatises on sphygmology. Although most of the works rarely fail to include one or more passages describing the mode of examining the pulse, some of the larger books give detailed notes on the subject matter.

It will be seen from the passages quoted below that the pulse examination is held in high esteem by the Ayurvedic physicians, and the knowledge of the art and science of sphygmology is considered essential for a practitioner.

First, some of the treatises speak of the examination of the pulse, tongue, eyes and urine before one begins the treatment of the patient.

(1) आदौ सर्वेषु रोगेषु नाडीजिह्वाग्नेत्रकं।
मूत्रार्त्तवं परीक्षेत पश्चाद् रुग्णं चिकित्सयेत्॥

ना. द. (III. 3)*

(2) आदौ सर्वेषु रोगेषु नाडीजिह्वा च मूत्रकं।
परीक्षेत तथा वैद्यः तन्निदानं चिकित्सयेत्॥

ना. नि वै (I. 4).

(3) नाड्या मूत्रस्य जिह्वायाः कुरु पूर्वं परीक्षणं।
औषधं देहि तद्ज्ञाने वैद्य रुग्ण सुखावहं॥

ना. द. (III. 3); ना. प्र (II. 36).

* These figures refer to the numbers attached to the treatises enumerated in "Sphygmology in Ayurveda" Oct. 1924.

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(1) The physician should at first examine the pulse, tip of the tongue, eyes, urine and the menstrual discharge in all diseases and then treat the patient.

(2) The physician should at first examine the pulse, tongue and urine and then treat according to pathology (*Nidana*).

(3) O physician, the pulse, urine and tongue should be examined first and then prescribe medicine, curative (conducing to happiness) to the patient and from their knowledge.

Secondly, the importance of the knowledge of the pulse is referred to in several works.

(1) यथा वीणागता तन्त्री सर्वान् रागान् प्रभाषते।
तथा हस्तगता नाडी सर्वान् रोगान् प्रकाशते॥
ना. द. (III 3) प्रकाशयेत्—ना. वि. (II. 6) ; ना. प्र. (II 41).

(2) यथा वीणागता तन्त्री सर्वरोगान् निवेदयेत्।
तथा हस्तगता नाडी विविधामयलक्षणं॥
ना. प. (II. 27).

(3) वीणा यथा वदति तन्तुभिरेव रागान्।
नाडीभिः तदनुरूपं वदति हि देहरोगान्॥
तस्मादिह प्रथमतः प्रकट हि नाडीचिह्नं वदामि विबुधाः।
ना. प. (II. 27).

As the threads in a *bina* (lute) can produce all the musical modes (rágas), so the pulse examined by the hand can bring to light all the diseases (1, 3) or the symptoms of the diseases (2).

O learned men, accordingly I shall first clearly describe the signs of the pulse.

Thirdly, the great importance of the knowledge of the art is brought home by several treatises on sphygmology.

(1) यथा ब्रह्मपरिज्ञानं नृणां भवति दुर्लभं।
तथा नाडीपरिज्ञानं अति दुर्लभमीरितं॥
स्वयं स्वस्थतरो भूत्वा परस्य परिशोधयेत्।
अन्यथा ह्यगदङ्कारः हास्यदेतुर्न संशयः॥
तस्मान्नाडीपरिज्ञानं दुर्लभं च जगुर्बुधा।
उपायस्य विजानीयाद् विना नाडीं न केवलं॥
ना. नि (II. 6).

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As the knowledge of Brahma is difficult to be attained by men, so the knowledge of pulse is said to be difficult to be attained. Himself in a healthy condition, one should examine the pulse of another, otherwise he will undoubtedly fail to find out the disease and will be a cause of laughter. Accordingly, the learned men used to speak of the difficnecy of learning the pulse examination. There is no other means (of finding out the disease) than by the pulse only.

(1) एवं बहुविधैर्ज्ञेयं रोगज्ञानैकसाधनं।
नाडीतन्त्रं स्वतन्त्रं स्याद् भिषजां प्राणजीवनं॥

ना. वि. (II. 6.)

Thus the study of the self-dependent science of sphygmology, capable of learning in various ways and the only means of diagnosing diseases, should be the primary aim on the part of the physician for the whole life.

(2) नाड़ीपरीक्षामाचष्टे सत्यं प्रत्ययकारिणीम्।
यदभ्यासपरोवैद्यः सर्वज्ञो भवति ध्रुवं॥

ना. प. (II, 28.)

The pulse examination gives out facts which are at once convincing. The physician who is versed in it, becomes surely all-knowing.

Lastly, there are several treatises which speak of the physician without a knowlege of pulse examination in various lowering positions.

(1) नाडीमूत्रस्य जिह्वाया लक्षणं यो न विन्दति।
मारयेताशु वै जन्तुं स वैद्यो न यशो लभेत्॥

ना. प. (II. 29)

(2) नाडीजिह्वायमूत्राणां परीक्षा यो न विन्दति।
मारयेताशुवं जन्तुं स वैद्यो शभनः स्मृतः॥

ना. प्रबो (II. 36)

The physician, who does not know the various signs of the pulse, urine and tongue, soon kills the patient; he does not acquire reputation (1) and is designated as *yama* (the god of death.)

नाडीजिह्वार्त्तवादीनां लक्षणं यो न विन्दति।
मारयत्याशु वै जन्तून् स वैद्यो न च शोभनः॥

ना. द. (III. 3)

One, who does not know the signs of the pulse, tongue and menstrual discharge, soon kills the patient and is no good.

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(3) नाडीगतिमविज्ञाय यः करोति भिषक्क्रियां।

ना. प्रवे. (37) (चिकित्सितं—ना. नि. वै)

आरोहतिगिरिं यो वा न तु श्रमः फलप्रदः॥

ना. नि वै. (I. 4.)

आरोहति गिरिं योऽपि न तस्य फलभाग् भवेत्॥

चिकित्सासरभे वैद्यो यशःकीर्त्तिमवाप्नुयात्।

ना. प्रवे (II 36.)

The physician, who practises medicine without knowing the art of pulse examination, gets his efforts, fruitless as if he ascends a mountain. [Perhaps the climbing of a mountain is regarded as fruitless, as there is nothing on its top which may be of any use to the climber.]

सर्वासां चैव नाडीणां लक्षणं यो न विन्दति।

मारयत्याशु वै जन्तून् स वैद्यो न यशो लभत्॥

ना. वि. (II. 4.)

The physician, who does not know all the signs of the pulse, soon kills the patient, and does not gain reputation.

नाडीज्ञानं विना यो वै चिकित्सां कुरुते भिषक्।

स नैव लभते लक्ष्मीं न च धर्म्मं न वै यशः॥

ना प्र (II. 41); ना. द (III. 3).

One, who practises medicine without the knowledge of pulse-examination, does not earn money, or virtue or reputation.

नाडीलक्षणमज्ञात्वा निदानग्रन्थवाक्यतः।

चिकित्सासारभेद्यस्तु स मूढ इति कीर्त्तितः॥

ना द (III. 3.)

One, who begins to practise medicine according to the teachings of the works on *Nidana* (pathology) without knowing the signs of the pulse, is considered as a fool.

नाडीज्ञानं विना वैद्यो न लोके पूज्यतां व्रजेत्।

अतश्चातिप्रयत्नेन शिक्षयन् बुद्धिमान् नरः॥

ना. द. (III. 3.)

As the physician without the knowledge of pulse-examination is not revered by the people, an intelligent person should study it with much care.

बोधहीनं यथा शास्त्रं भोजनं लवणं विना।

पतिहीना यथा नारी तथा नाडीं विना भिषक्॥

ना. द. (III. 3)

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The physician without a knowledge of pulse is like *shastra* without understanding, eating without salt and like a female without a husband. [The author wants to convince that a physician without the knowledge of pulse is not to be considered as having a complete knowledge of medicine.]

Having considered the importance of the subject, the authorities set forth rules for properly studying the science.

First, certain general rules are depicted in two treatises.

(1) क्वचिद् ग्रन्थानुरुन्धानाद्देशकालविभागत: ।
क्वचित् प्रकरणाच्चापि नाडीज्ञानं भवेदपि ॥
सद्गुरूपदेशाच्च दैवतानां प्रसादत: ।
नाडीपरिचय: सम्यक् प्राय: पुण्येन जायते ॥

ना प वि. (II. 18) ; ना द. (III 3.)

(2) नातिमन्दादृढा नाडी नाना भेद परीक्षिता ।
अतिभेदादिभिस्तन्त्री वीणा भेद मसौवर: ॥
गुरुमूखेन संग्राह्य धमनी सर्वदा स्वयं ।

ना. नि. वै (I. 4).

(1) The knowledge of pulse examination can be acquired at times by studying works on the subject according to the place and time and at times by attending lectures (discussing on the subject). The pulse examination can be properly studied under the guidance of an experienced tutor and by the grace of gods and by virtue.

The different kinds of pulse not very slow or hard are examined according to the traditions and others like the different kinds of lutes, not giving a musical tone by the examination of the threads. The pulse is always examined by one self, following the advice of the tutor.

(1) परीक्षणीया सततं नाडीनां गतय पृथक् ।
न चाध्ययनमात्रेन नाडीज्ञानं भवेदिह ॥
न शास्त्रपठनाद् वापि न बहुश्रुतकारणं ।
नाड़ीज्ञाने मनुष्याणामभ्यास कारणं परं ॥

ना. द (III. 3.)

(2) शास्त्रेण सम्प्रदायेन तथा स्वानुभवेन च ।
परीक्षेद् रत्नवच्चासावभ्यासादेव जायते ॥

ना. प्र. (II. 41) ; ना. प. (II. 29.)

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(3) नाडीगतिमिमां ज्ञातुं योगाभ्यासवदेकतः।
शक्यते नान्यथा वैद्य उपायैः कोटिशैरपि ॥
ना द. (III. 3)

(1) One should always examine the pulse singly (over and over again) and no knowledge of the pulse can be obtained by only studying the works on the subject. Practice is the only thing for acquiring the knowledge of pulse examination and it cannot be done by simply studying the books or listening to the discourses.

(2) The pulse should be examined in accordance with the *shastra* (science), traditional knowledge and one's own experience (of feeling the pulse), like examining a gem. The knowledge is gained by practice only.

(3 The pulse beating is capable of being studied by continued practice only, otherwise, the physician cannot learn it by tens of millions of ways.

Secondly, much stress has been laid upon the feeling of *normal* pulse for studying the pulse examination in several treatises.

(1) स्पर्शनादिभिरभ्यासात् नाडीज्ञो जायते भिषक्।
तस्मात् परामृशेन्नाडीं सुस्थानामपि देहिनां ॥
ना ट. (III. 3) ; ना. प्र (II. 38) ; ना. ज्ञा. शि. (III. 5.)

(2) भाविरोगप्रबोधाय सुस्थनाडी परीक्षणं।
ना. वि. (II. 4) ; ना. प्र (II. 38.)

(3) स्वस्थास्वस्थमनुष्येषु नाडीमम्यक् परीक्षयेत्।
नाड्युत्पत्ति (II. 47) ; ना. ल. (II 12.)

(4) स्वस्थदर्शनमित्यं तव कम्प प्रवर्तयेत्।
दर्शकस्य तु वै नाड्याः कलासस्य पर्णवत् ॥
नाड्य (II. 47) ; ना. ल. (II. 12.)

(1) As the physician can be an expert in pulse examination by practice from feeling the pulse, he should feel the pulse of a healthy person.

(2) The normal pulse should be examined for ascertaining an illness to come.

(3) One should duly examine the pulse of a healthy and unhealthy person.

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(4) One should always examine his own hand and should elicit its beatings as well as the beatings of the visitor, like the leaflike membranes in the fingers and toes of the chameleon.

[The last quarter of the passage probably indicates the network of vessels which is just visible in the membranous expansions in the fingers and the toes of the animal.]

Lastly, one treatise directs the study of animal progressions, the nature of which is usually compared with the pulse movements.

जलस्थलनभश्चारि जीवानां गतिभिः सह।
गतयोऽनुपमीयन्ते नाडीनां भिन्नलक्षणाः॥
कस्य कीदृग् गतस्तत्र विज्ञातव्या विचक्षणैः।
अध्येतव्यं च तच्छास्त्रं सद्गुरोर्ज्ञानशालिनः॥

ना. द. (III. 3.)

The different kinds of the pulse movements should be compared with the progressions of aquatic, terrestrial and aerial animals, and their characteristic movements should be learned by clear-sighted persons ; the same science should also be studied from an experinced tutor.

We now come to the conditions dictated by the different authorities on the part of the physician who should be considered a fit person for examining the pulse.

First, certain passages are set forth which dictate the nature of the physician in general to be considerd as a fit person for the purpose.

(1) स्थिरचित्ता (एकचित्त) प्रसन्नात्मा मनसा च विशारदः।
स्पृशेदङ्गुलिभिर्नाडीं जानीयाद दक्षिणे करे॥

ना. प्रबो. (II. 36) ; ना. वि. (II. 4) ; ना प. (II. 20) ; ना. प. (II. 29).

(2) एकचित्त प्रसन्नात्मा शिरास्पन्दविशारदः।
स्पृशेदङ्गुलिभिर्नाडीं विविधं दक्षिणेभुजे॥

ना. स. (II. 44).

(3) अनन्यमतिको वैद्यः संयमितेन्द्रियस्तु डि।
अङ्गुलिभिस्तु तिसृभिः नाडीमवहितः स्पृशेत्॥

नाड़ी-प्रकरण in सारकौमुदी।

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We may here enumerate the qualities to be attained by a physician fit for the purpose, as depicted in the above passages :—

He should have the nature with keen attention 1 2,3), be of a cheerful disposition (1,2,3), have a liberal mind (1), versed in the science of sphygmology (2), and should have controlled passions (3).

Secondly, there are certain conditions to be observed by the physician when he actually feels the pulse of the patient.

(1) स्थिरचित्तो नीरोगश्च सुखासीन: प्रसन्नधी:।
नाडीज्ञानसमर्थ: स्यादित्याह: परमर्षय: ॥
ना ज्ञा त (III. 4).

(2) स्वयं स्वस्थतरो भूत्वा परस्य परिशोधयेत्।
अन्यथाऽयगदंकारो हास्यहेतुर्नसंशय: ॥
ना वि II. 6).

According to the wise sages, the physician, who is attentive, is free from any desease, is seated comfortable and is calm in disposition is only capable of feeling the pulse. One should be first healthier (in body and mind) before he can rectify others, otherwise the physician will be the butt of laughter. Thirdly, there is a passage which sets forth certain bodily conditions on the part of the physician which make him unfit for feeling the pulse.

पीतमद्यश्चलात्मा मलमूतादिवेगयुक्।
नाडीज्ञानेऽसमर्थ स्यात्लोभाक्रान्तश्चकामुक: ॥
ना. प्र. (II. 41) ; ना ज्ञा. त. (III. 4).

One, who is drink, with an unsteady mind (inattentive), with forcible retention of faeces and urine and is greedy and lustful, is incapable of feeling the pulse.

Next we come to the time of the examination of the pulse. In this connection, it may be noted that in urgent cases the question of time is out of consideration. The condition set forth here is no doubt meant for chronic cases or in those where the question of urgency does not arise. It is also to be remembered, that the experiences on the part of the ancient Ayuvedic physicians extending over a long period must have settled the time when the pulse can be felt to the highest degree of its utility.

(*To be continued.*)

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THE METAPHYSICAL ASPECT OF THE TRIDOSHA THEORY OF AYURVEDA

BY

ASHUTOSH ROY L. M. S. (HAZARIBAGH.)

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I.

In a previous article on the "Tridosha theory" of Ayurveda, we have stated that some annotators blend the physiological and metaphysical aspects of the theory, making confusion worst confounded. For a clear exposition of the subject specially to non-Ayurvedists, it is desirable to discuss the two aspects separately. Elsewhere I have fully discussed the physiological aspect of the theory (vide Health and Happiness, June to August 1923). In the present article I intend to discuss the metaphysical aspect of the theory. Behind material things there exists an all-intelligent soul or spirit (God) from whom emanates all matter and who is the generative force of every phenomenal activity.

From biological point of view the ancient Hindus conceived of two primordial principles emanating from God, Matter in the abstract (*Purusa*) or passive agent and Force in the abstract (*Prakriti*) or active agent. They are the first God and Goddess of Hindu religion.

According to the old Arayans the primordial principle is considered as Purusha (male God) and according to the old Dravidian civilization the primordial principle is considered as Prakriti (female Goddess). We need not quarrel about the conception of the primordial principle as to whether it is force in the abstract or matter in the abstract, devoid of *Rupa* (form) or *Guna* (attribute). When they become concrete they possess "Rupa or Guna" and are interchangeable, for matter is latent or crystallized force in a passive state and the two are interchangeable.

Similar conceptions we find in the physical philosophy of the Greek School.

According to Pythagorus, the primordial principle is matter, the universal recipient, the common substratum of all things in a potential state, the original of all things.

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According to Plato the matter or receptacle of every visible and sensible productian, a formless being, a substance of impression, an universal recepient, devoid of shape. It assumes force and becomes matter.

He quotes Moses according to whom the world is created out of an active cause (Prakriti of the Hindus) and a passive subject (Purusha of the Hindus) not perceived by the senses.

Aristotle conceives of the first principle, the sensible body in potentiality.

According to the Stoics the first principle of things are two, active (God) and passive, corresponding to primary cause and primary matter (Prakriti and Purusha of the Hindus).

The subsequent development of the world is dependent on differentiation of the active and passive primordial principles, *viz.*, Prakriti and Purusha, during the course of evolution when they assume form and attribute and become concrete.

The primordial energy (Prakriti) which is an active or dynamic world force, acts on primordial matter (Purusha) which is passive primary matter devoid of force (Rupa) and attributes (Guna) into five primary substances or "Pancha Bhuta" having forms, *e.g.*, earth substance, water substance, fire substance, air substance and ether substance which can be perceived by our five senses possessing the three attributes (Triguna) of Sattwa, Rajas and Tamas. The three "gunas" are not matter but forces differentiated from the primordial force "Prakriti." The five "Bhutas" are varying degrees of matter. (Sir John Woodroffe).

The five "Bhutas" of the Hindus stimulate the five sense organs as follows :—

Prithivi or Earth	substance	stimulates	sense of	smell.
Ap or water	,,	,,	,,	taste.
Teja or fire	,,	,,	,,	sight.
Marut or air	,,	,,	,,	touch.
Byoma or ether	,,	,,	,,	sound.

The three gunas "Sattwa, Rajas and Tamas" represent three forms of energy, destructive (Katabolic) and re-constructive in a broader sense ; Regulative and constructive (Annabolic) respectively presided over by the Hindu Trinity *Shiva*, *Vishnu* and *Brahma* respectively. "Rajas and Tamas" are contrary energies kept in equilibrium by the regulative energy of "Sattwa".

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All secondary, tertiary and other combinations of substances in the world, living and non-living are evolved out of the five primary "Bhutas" guided and influenced by "Trigunas" inherent in such combination.

Similar idea is found in ancient Greek philosophy. First appears the primary principle in a potential state, the original of all things. Next appears the contrary forces, heat and cold, dryness and moisture and then the primary substances fire, water, earth and air. Aristotle alone of the Greek philosophers concieved of a 5th primary substance, Ov-via or ether. Except Aristotle the ancient Greeks conceived of 4 "gunas" and 4 "Bhutas".

Development of Inanimate Things.

At the outset it must be mentioned that the old Hindus conceived that there is no distinction between the so-called animate (having life) and inanimate things (devoid of life) as both possess life or how inanimate things grow and decay. Surely there is an intelligent principle guiding inanimate things as well as the animated ones Our illustrious countryman Sir Jagadish Bose has scientifically proved that the western classification of division into animate and inanimate is not broadly speaking correct. He further admits that this original idea is taken by him from the ancient Hindu wisdom. Because every inanimate object is composed of the five Bhutas like the animate ones, there is no difference between them and the distinction is artificial. Further they have the three attributes (Triguna) like the animate ones, and the dynamic force within is the same in both. The difference is one of degree. Chemistry can explain how inanimate substances grow. It can not explain why these substances grow and decay like animate objects. The life or divine spark in inanimate objects regulate their growth and dissolution as much as that of the animate ones. Evolution may proceed forward (higher stage) or backward (inanimate object).

Development of lower forms of Organic Life.

In the lower forms of organic life which are also derived from Pancha Bhutas influenced by the three gunas after development, the dynamic force is the same, *viz.*, two opposing forces acting in a complimentary way being regulated by a third force. This class is a step higher in the scale of evolution as organic cell or miniature body is formed unlike inanimate object which has no organic body. But the organs are not yet so fully developed as in the

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higher forms of organic life. Thus for example the Nervous system is not developed and according to European Biochemists the life-history is performed by two opposing chemical forces. But there must be some regulative mechanism guiding these opposing chemical forces of Annabolism and Katabolism, though modern science has failed to detect it.

DEVELOPMENT OF HIGHER FORMS OF ORGANIC LIFE.

Here the regulative (Nervous) mechanism is fully developed and we have three forces acting to perform life activity, the opposing chemical forces of annabolism and katabolism regulated by physical (Nerve) force.

THE TRIDOSHA THEORY OF AYURVEDA.

It is taken from "Triguna" of the Hindu philosophy which are energies, active dynamic energies constituting dynamic life-force or cell-force. The three forces of Satwa (Katabolism), Rajas (regulative) and Tamas (annabolism) correspond to Pitta, Vayu and Kapha of Ayurveda. The forces of Annabolism and Katabolism are chemical and the regulative (Nervous) force is physical.

Modern Western Medicine states that the forces of construction and dissolution are chemical, the regulating physical force acting within the chemical control. (Meyer's Canadian Lancet.)

Paton of Australia states that behind the organs are the Nerves and behind them the Endocrines, the former acting on and being acted by the latter.

The old Hindu conception is slightly different. The active force is Vayu which is physical (Nervous), causing motion, the Pitta and Kapha group of endocrines are "*pangu*" (latent). The physical energy stimulates the chemical according to the needs of the organism.

Some recent annotators have stated the Tridosha as Tridhatu. They have made a bit of confusion. Vayu, Pitta and Kapha are applied equally to the forces (Tridoshas) and the organs (Tridhatus) generating them. Thus—

Vayu	means	Nervous System	and	Nerve force or Nerve energy.
Pitta	,,	Katabolic group of Endocrines	and	Katabolic energy.
Kapha	,,	Annabolic group of Endocrines	and	Annabolic energy.

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Strictly speaking the atindriyik forms of Vayu, Pitta and Kapha unperceived by our senses) are Tridoshas and not Tridhatus. Examples are not wanting in Sanskrit books of giving the same name to cause and effect and matter over which cause acts.

The atindriyik forms of Vayu, Pitta and Kapha (perceived by our senses) are the three humours—wind, bile and phlegm.

Just as the ancient Hindus have taken the idea of Tridosha from Triguna, so the ancient Greeks have done and they have been followed in the Yunani system.

In the Greeko-Yunani system we have 4 humours or rather hormones *viz.*—

Safra (yellow bile) hormone from liver.
Sanda (Black bile) ,, from spleen.
Balgam (mucous)
Khun (Blood)

The regulative force is Rue (vapour) or Nerve-force.

II.

Mahabhut Vayu.

A recent annotator has stated that Vayu of Tridosha is derived from Mahabhut Vayu (dynamic life force) just as Pitta (radiant energy) is derived from Teja (fire) substance and Kapha (latent energy) is derived from "Ap" (watery) and "Prithivi" (earthy) substance having the property of cooling and binding. The "Nyaya" philosophy of the Hindus is the authority and is followed by several ancient Ayurvedic authorities.

"Sankhya" philosophy is quite clear on the point when it states that Vayu is not Mahabhut Vayu. Mahabhut Vayu gives birth to all the three Doshas (energies), not Vayu alone.

If Vayu, Pitta and Kapha are considered as Tridoshas (three energies) the "Sankhya" idea is more appropriate.

If on the other hand Vayu, Pitta and Kapha are considered as Tridhatus (matter), the "Nyaya" idea is more appropriate.

Vayu "dhatu" is derived from ether and air substance.
Pitta ,, from fire ,,
Kapha ,, from water and earth ,,

Prof. B. N. Seal considers Triguna as Energy, Essence and Mass. Captain Murti considers Tridoshas as Tridhatus. Mahamahopadhya Gananath considers Vayu as something more than Nerve force being the same as Mahabhut Vayu. I leave the matter open here for Aynrvedists to discuss and solve in their next Annual Congress.

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CROTON SEEDS IN SIDHA SYSTEM

BY

T. G. RAMAMURTHI IYER, ERODE.

—o—

Croton seeds,—Croton Tiglium—Jamalgota (Hind & Bomb.), Jaipal (Beng.), Nervalam (Tam.), Naypalam (Tel.), Neervaula (Mal.), Habitat—India, Ceylon, Indian Archipelago.

Identifieation of seeds :—They are oval or oblong, dark brown, marked with ramifications of the raphe. They resemble Castor-oil seeds, which are brighter, polished and mottled.

Composition.—(1) Glyceryl of crotonoleic acid, which appears to be the active principle, (2) Tiglic acid or Methyl crotonic acid, (3) crotonoe, which is non-purgative, but an irritant to the skin, (4) several volatile acids, to which the odour is due, (5) Several fatty acids.

The seeds of the following are stated to resemble those of croton tiglium in appearance and properties :—Baliospermum montanum. Vern. Danti. These are often sold as Jamalgota by druggists and croton oblongifolium—Baragach (Beng.)—Ganasur (Bo.), Gonsurong (Goa).

Allopathy—Pharmacology—Croton oil is a powerful irritant to the skin,—a drastic purgative—due to its direct irritant effect on the stomach and intestines.

Therapeutics—Internally—croton oil is used only on rare occasions. As a purgative it is invaluable in cerebral hæmorrhage, coma and insanity on account of its minute dose and the rapid and complete evacuation of the bowels which it causes. In obstinate constipation and intestinal obstruction from impacted fæces, Tape worms, Dropsy, Hydrocephalus, Uræmia, Delirium tremens, etc.

Antidote—In the case of an overdose of, or poisoning by, croton oil, wash out the stomach with gruel and mustard, or olive oil, or diluted milk (4 oz. in 1 pint. of water), and give demulcent drink, such as linsseed tea, milk whey, gruel, etc., opium internally or by enema, stimulants, etc. The only preparation for internal administration in allopathy is oleum crotonis

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the oil expressed from the seeds of croton tiglium, and its dose is ½ to 1 minim.

Croton seeds occupy a very important place in Sidha System. Without this drug this system cannot exist at all. This is such a useful drug and indispensable. The seeds undergo various processes of purification in this system and its irritating and poisonous effects are removed before its administration. It is found out in this system that the foliaceous cotyledons that lie between the two halves of the seeds are highly poisonous. This is carefully removed from each seed and purified as follows :—

First, the entire seed is boiled in Buffalo's dung and its urine. Then the inner seed is separated from its cover. Then the foliaceous cotyledons are carefully removed. Then boil in lime juice. After that, in Vinegar. Then boil with rice and water just like cooking rice. Then dry them in shade. Then soak them in human milk for a day. Then dry again in shade. Lastly, fry them with a little ghee or castor oil and wipe off the oil or ghee adhered to the seeds before being added to the preparations. This is the common process of purification. There is another form, which is Sadhu Kriya, *i. e.*, after the 1st process of boiling in Buffalo's dung and urine and the removal of foliaceous cotyledons, the seeds are triturated with lime juice into a paste and this paste is applied to the outer side of a new mud pot and kept in shade for 24 days. Then it is scraped off from the pot and added to the preparations.

Thus many of the poisonous acids are eliminated from the seeds, the active and useful principles of the seeds only are retained and thus made safe for internal administration.

This is the common purgative in this system. The minute dose is an advantage. Sidha system has many compound pills, powders, oil and pigments out of theese seeds in combination with many costly drugs, such as, musk, Gorochana, saffron, etc. These preparations not only produce copious watery motions but also arrest the complications in many serious diseases, and cure many diseases. In many instances, after giving this purgative, no further treatment will be required. Allopathy states the excellence of the raw oil alone in many serious cases as mentioned above. The purified seed is much more effective in very many such diseases, and more safe to use.

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Some of the preparations contain carmintives, febrifuges, hepatics, antilithics, Diuretics, antiperiodics, anthelmentics, expectorants, etc. By their judicial use and with different vehicles (anupans) all the above effects can be noticed. In many sericus cases, the brain and nervous symptoms subside, temperature is reduced to normal in many specific fevers, when many cwts. of Ice has to be used constantly just to control the temparature. General pain, pain in the joints, in the muscles and even in the bone marrow, due to Syphilis or Rheumatism or for whatever cause will be relieved. Stomach and intestinal troubles pass off. Cuts short the duration of certain diseases. Some preparations are antidotes to many kinds of Sanke poisons and other poisonous insects, or animals. Croton preparations are not the mere flushing agents of the intestines. They expel from the system many a pathogenic organism, circulating in the blood, lodged in the liver, spleen or intestines that are the cause for many diseases. A microscopical examination of the blood, etc., before and after the administration will prove the efficiency of these preparations.

The virtue of the Croton seeds are.

1. Properly purified seeds can be safely used as an ordinary purgative even to children.
2. Such seeds do not irritate any organ.
3. Proper dose does not produce super-purgation.
4. Super-purgation can be controlled by ordinary intestinal astringents.
5. Preparations made with such costly ingredients detailed above, enhance the curative action in many diseases.
6. Many alarming symptoms are controlled by a first dose of the compound croton seed preparation.
7. The very small quantity of the medicine that is to be swallowed is appreciated by the adult and children alike.

I beg to detail below one of the preparations made with purified croton seeds and its innumerable uses with different vehicles (anupans). Prescribed by Agasthia.

AGASTHIAR KUSHAMBU.

Re

Tamil.		
1. Perungayam	...	Asafetida.
2. Induppu	...	Rock (salt ?)

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3	Kadugurogani	...	Pierorrhiss Kurroa.
4.	Vengaram	...	Borax.
5.	Karunjeerakam	...	Nigilla Sativa.
6.	Thippali	...	Long pepper.
7.	Sudhi Iradam	...	Purified Mercury.
8.	,, Nabikishangu	...	,, Aconite root.
9.	,, Manosilai	...	,, Red arsenic.
10.	,, Tharam	...	(Harithala) Yellow orpiment.

Each of the above 1 Drachm.

11.	Purified Croton seeds	...	3 Tolas.
12.	Kattamanaku Muthu Paruppu	...	The inner substance of Jatropha curcas. 1½ Tolas.

Triturate together until it becomes a fine thick paste. Some say this is to be triturated with the lime juice for about 12 hours.

Preserve in boxes made of horn.

Dose :—Tamil—Panavidai — 8 grains for adult.

USES :—

(Anupans) *Vehicles.*		Diseases for wich this is to be *administered.*
1.	Boiled fresh ginger juice or in decoction of dried ginger	Fever with shivering, Sanni, fever due to Vadha, dosha, orchitis, Vayu and Moola Vayu.
2.	Chebulic myrobolans	... Cough.
3.	Decoction of Do.	... Fever due to Pitta dosha.
4.	,, Long pepper	... Fever due to Kapha.
5.	,, cloves and Sida acuta	... Ordinary purgative.
6.	,, dried ginger and pepper	... Fever with shivering.
7.	Cow's ghee	... Bleeding piles.
8.	Cow's milk	... Panduroga (Tamil). Pernicious anaemia ?
9.	Pepper powder and Garlic	... Ascites, General dropsy, Dyspepsia.

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10. Honey or fresh ginger juice ...	Sannipada.
11. Dried ginger, gendarussa vulgaris—decoction ...	Vayu.
12. Juice or Sanjankuppi (Tamil) or pepper, fried alum sugar-candy, all powdered together and made into a paste with ghee or juice of tender gourd or tender cocoanut or vinegar (meant, cooked rice perserved in water for subsequent day's use in the mornings in South India— such water which is a few days' old is called Vinegar here).	Stones in the bladder or Kidneys and Urethritis.
13. Oil of Garlic or decoction of Bryonia scabrella ...	13 varieties of Sannipada.
14. Tender leaves of Ficus Religiosa (the scared tree of India) made into a paste with cow's milk and made into the size of one arecanut, such 3 nuts, 1 once a day, for 3 days.	Diseases of the female generative organs—due to pregnancy.
15. Juice extracted from Jambul bark by crushing with Goat's milk and powdered cumin-seeds added to it.	
Or ...	Diseases of the female generative organs-due to menstrual disorders.
the root of Gendarussa vulgaris Pangampalai Ver (Tamil,) dried ginger, pepper, all together made into a decoction.	
16. Fresh ginger, Garlic, bark of Muringa Pterygosperma tree, Roots of Calatropis, Euphorbia Tericalli, Butea tree, all these to be pounded and made into a decoction.	Diseases :—(Tamil) Ulkuthu and Pura veechu. Meant probably Tetanus.

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17.	Palmyra Jaggery, Plumbago Zeylanicum, both to be pounded and triturated with the juice of acalypha Indica and some honey added to it.	
	Or	... In heart diseases.
	Cloves, Bael leaves, leaves of cloves tree, Liquorice root, abies webbiana made into a decoction and butter added.	
18.	Thali leaves (Tamil), Indigo leaves, tender leaves of Jambul, Pepper, Betal leaves and butter to be made into a paste and the size of an arecanut used.	For Snake poisoning.
19.	Garlic juice	... For external use and internal administration in Scorpion sting.
20.	Jaggery, Pugayooral (Tamil) and seeds of Luffa amara to be made into a paste with the juice of acalypha Indica to the size of an areacanut.	Bite of Vanalia (Tamil). Probably a variety of snake.
21.	Boiled juice of Gendarussa vulgaris and mustard powder added.	For Local inflammations and inflammations due to Sepsis.
22.	Vinegar	... Vomiting.
23.	Cow's milk or Goat's milk	... Dysentery due to piles, Pus in the womb, diseases due to pregnancy.
24.	Cow's Ghee	... Bleeding piles.
25.	Juice of leaves of Ficus Glomerata.	... Ascites, Gleet
26.	Castor oil	... Vayu doshas
27.	Juice of cocoanut pulp	... Orchitis.
28.	Palmyra Jaggery	... Fevers, Ananda Vayu. (Tamil)
29.	Cow's milk	... Pitta doshas.

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30. Decoction of five roots :—
Hedysaeum Gangeticum.
Doodia Lagopioides.
Solanum Indicum.
,, Xanthocarpum
Tribulus Lanugenoses. — Sannipada 13.

31. Fresh Ginger Juice ... Dyspepsia 8 kinds.

32. Jaggery ... Thaapha Jwaram (Tam.) Perhaps Enteric ?

33. Juice of Gendarussa Vulgaris ... Rheumatic Fever.

34. Decoction of coriander ... Fever due to Pitta dosha.

35. Butter milk ... Dysentery.

36. Palmyra Jaggery ... Syphilitic arthritis, etc.

37. Cow's curd ... Menstrual disorder.

38. Decoction of Kus-kus ... Bilious complaint.

39 Sheep's milk or oil of Frankinsence ... To attain puberty.

40. Dried ginger, pepper, long pepper ... For various other diseases in general.

41. Juice of betel leaf ... Poisons. (Meant, snake or other venomous insects or animals).

42. Powdered Nutmeg ... Fevers of all kinds.

43. Sesamum oil ... For external use for Ulcers

44. Sesamum and Nim-oil ... For all septic Ulcers.

45. Honey ... Abscess, Bubo, Carbuncles.

46. To be used as snuff mixed in human milk ... For severe head-ache.

47. For external application in human milk. ... For inflammation. (Local)

48. Size of a mustard mixed in human milk and applied into the eyes ... For fainting, shock, etc.

49. To be applied to a cloth and made into a wick and burnt and the smoke to be inhaled ... For Palsy, Sannipada, Lock-jaw, snake poison, headache. Fear of Ghost ot Devil.

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50. In Nim-oil or decoction of dried ginger to be applied to the eyes ... Sannipada 13.

Sannipada—Janni is a term in Tamil meaning Sannipada, widely used here.

This one preparation with Croton seed is useful in so many diseases. The cost of the drugs are very trifling. But its uses are very many. The combination is so simple, that anybody can prepare. Really this preparation is a most effective one. Every ingredient in it is a most powerful one.

In conclusion, I beg leave to state that I was not able to give appropriate English names in many places (as seen above) as I have no suitable book for references in hand. To preserve the original order of the prescription which is written in Tamil, I have quoted only in Tamil names.

List of reference :—

1. Lyon's Medical Jurisprudence—Waddel.
2. Materia Medica and Therapeutics—Ghosh.
3. Athmarakshamirdham—Kandasamy Mudaliar.
4. Agastiar—600.

INDIGENOUS SYSTEM OF MEDICINE.

AYURVEDA AND TIBBI COLLEGE IN PATNA.

(Associated Press of India),

Patna, April, 30th 1926.

A press communique states that in response to a resolution moved in the Legislative Council in February 1924 to the effect that an Avurbedic and Tibbi Collage should be established in the province the Government of Bihar an Orissa in the Ministry of Local Self-Government convened a conference of Kavirajes and Hakims and after discussion invited the members to submit proposals for the consideration of the Government. Information ; as stated in reply to a question in the Legislative Council in the August session of 1925, was also collected from other provinces as to the steps taken by them to improve and inculcate the knowledge of the indigenous systems of medicine.

Thus in February, 1926, Government was in a position ro accept a resolution moved in the Coundil urging the establishment of teaching institutions. It has now been decided to start two colleges at Patna, one for Ayurvedic and other for Tibbi, to teach both practically and theoretically the indigenous systems of medicine and to supplement them by elementary instructions in anatomy, physiology, pathology, pharmacology, bacteriology, surgery and midwifery. Both the institutions will be open in July next, Courses of training will extend over five years in the Ayurvedic College and four years in the Tibbi College. Forty students will be admitted to the first year class every year. Two separate governing bodies will be responsible fo the management of the two institution.

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THE 16th ANNUAL MEETING OF THE ALL-INDIA AYURVEDIC CONFERENCE.

Held at Jaipur, April 1926.

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THE EXHIBITION.

The opening ceremony of the 16th All India Ayurvedic Exhibition was performed on 8th of April at 8-30 p. m. by Mr. Reynolds, I. C. S., President of Jaipur Raj Council.

Thakur Kushal Singh of Gygarh, Chairman of the Exhibition Committee in requesting Mr. Reynolds to perform the ceremony of opening the above exhibition, stated that an Ayurvedic exhibition also was as a rule usually held along with the All India Vaidyas' Conference every year, in different parts of India. The present attempt on similar and previous lines indicates, on the part of the public and the Vaidyas, a desire for the resuscitation of the ancient and neglected science of Ayurveda. Any thing that arouses their interest in this direction is a happy sign. An ocular demonstration of drugs and herbs of Ayurvedic Materia Medica is, therefore, of great value. It is no use boasting of the past laurels won by us in the domain of the science of medicine, if most of our present students do not even get the opportunity of seeing the medicines of which they read until they actually begin to practise their profession; such theoretical education have been the downfall of our indigenous system of medicine. Several old and known remedies, I hear, cannot be identified and correctly prepared. One and the same indicates different herbs in different provinces. The Surgical instruments, many of which are illustrated in the Exhibition, are regarded as merely of antiquarian interest, undoubtedly due to want of systematic scientific study and investigation. These defects should be tackled in such gatherings as the present one and also independently and in private.

It is impossible to revive Ayurveda unless scholarly Vaidyas emulate the spirit of research which permeates and distinguishes the scientists of the West, whose unflagging enthusiasm, untiring energy and wholehearted concentration, have enabled them to attain, in the present century, a position of pre-eminence in the sphere of mundane science.

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Exhibitions, like this, are useful in removing erroneous ideas held by those who for want of interest or knowledge hold a poor opinion about Ayurveda.

He said the generosity of Birlaji Seth had enabled the Dhanwantari Aushadhalaya to create the nucleus of a permanent Exhibition and that the Exhibition Committee is very grateful to all those who have sent the Exhibits from several different well-known places of India, Ceylon and also Rajputana and other Indian States. The Exhibition is not what it ought to be and we alone are responsible for all the shortcomings of our Exhibition. He then said that the Exhibition could not have been what it is but for the laborious zeal of the secretaries P. Shyamsundarji Sharma M.A., Vaidya Nand Kishorjee Bhishagacharya, Swami Lakshmiramji Rajvaidya, Ayurveda-martand, Vaidyaratna, and Vishagacharya Vaidya Shyamlalji and other wellknown Vaidyas of the members of the Exhibition Committee and the Sammelan. The Committee were grateful to Seth Sohanlalji Golcha who allowed his big building for the Exhibition.

The Conference.

The 16th All India Ayurvedic Conference commenced on the 9th of April 1926. The Pandal was decorated magnificently, provided with chairs for the delegates and all the visitors and with a special dais for the State officials, Sirdars and the Sammellan Presidents, with side gallaries for the spectators. When full, it was big enough to accommodate 3500 to 4000 persons conveniently. It was situated in the midst of the big compound of the Sethia's Katra or building which also contained the Exhibition and rooms for the delegates who were also accommodated in a separate camp situated in another compound opposite this building. The arrangement for board and lodging of the delegates was excellent, the volunteers were at all times looking after the needs of the delegates from morning till midnight; more than four hundred Rajputana Vaidyas and Vaidya delegates from other provinces were also present in the Conference. The Conference was regularly attended by the high officials of the State Council, Colleges, Hospitals and other departments of the Raj. The leading Sirdars and the citizens of the State also took keen interest and active part in this Conference. The whole proceeding terminated very smoothly. The Conference on the whole was unique and first of its kind, if the ranks and variety of the attendance be taken into consideration. Even the

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President and Resident of the State, Mr. Reynolds and Mr. Cater, attended the Conference now and then and even took part in it. The Assistant Secratary of the all-India Ayurvedic and Unani Conference of Delhi and other Hakims of the State also attended. Aboul 12 in the afternoon amidst loud cheers of Dhanwantari Ki Joi, the Hon'able Pundit Madan Mohan Malaviya, the President-elect, was conducted by the Reception Committee President and members to the dais. The Chairman of the Reception Committee—Rai Bahadur Purohit Gopinathji, M. A., C. I. E., M. R. A S. (Lond.), Sahitya Bhusan, Vidyaratna,—member of the Raj Cabinet, read out his welcome address as soon as the Vedic Hymns and songs were over. A brief summary of his printed Hindi speech which was full of important advices and suggestions for the consideration of the delegates present is given below.

The president opened with a hearty welcome to the delegates who bore all sorts of hardships in attending the Conference from far distant parts of India. He said that Jaipuries were overpowered by emotion and he, therefore, might fail to give full vent to their delightful enthusiasm. The Raj patronised Vaidyas and Hakims. One of the rulers of Jaipur, Maharaja Protab Singh was famous for his love of Ayurveda. His *Amritsagar* and other works are wellknown. The State of Jaipur, famous for arts and sciences, was welcoming the learned Vaidyas. And it was fervently hoped that the delegates would be moved by the earnestness and devotion of the Jaipuries and would kindly overlook their shortcomings.

He said, he would not deal with shastric questions, but would express his commonplace ideas which had often occurred to him on the subject and if they were appreciated in the least, he would be greatly satisfied.

It is a fact that due to various causes—amongst which we might count evil social customs and unprecedented mental anxiety for livelihood, the preference of city life in preference to village life, giving up of cottage industries and handicrafts by the ill-advised masses, the physical and mental health of the Indian society on the whole had deteriorated. But if the shastric hygienic rules could be restored for the prevention of the root cause of diseases, the other aim of Ayurveda, the work of treating the diseases would be made very light.

Though it was not necessary to prove that Ayurveda once reached a state of perfection as a science and Art, it was important to

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remember amongst various proofs, that specialisation in any science or an art was only begun after a science had reached a state of perfection. Its living examples were Junhas, Satiyas, Singiwalas, etc.

The object of all therapeutics was one, *viz.*, cure of diseases ; but the knowledge of the formation of body and the therapeutic value of drugs and herbs were also equally indispensable. The climate and the temperaments of each country differ. Hence the drugs of a particular country must suit the constitution of the people of that country. Hence any progress made in this direction would be all the more advantageous to all.

"Our India is a land of cheapness and simplicity. This is true of Ayurvedic treatment also Sometimes it costs a family nothing or only a few pices. And this distinctive quality and special importance of the indigenous method have to be preserved."

"Great Importance is attached to Surgery in these days. Of the existing few works—Sushruta is a proof of the fact that once this art had reached a stage of perfection. But later on, this art for certain reasons began to be called *Asuri-chikitsha* (आसुरी चिकित्सा) and *Singiwalas* have cured certain inoperable cases by *kalgi*, and this art of operation or surgery is not to be despised. In addition to the preservation of the simple and effective methods, it is important to keep a close touch with the modern developments of other countries and an all-round improvement in all the branches, and addition to the already existing knowledge is also important. Like the scientists of the West, incessant efforts for revival and bringing to light the important principles and the demonstration of new wonderful discoveries to the public are also essential. It is also the sacred duty of the society to help such learned scholars busy in their research work and keep them free from worries of livelihood for themselves and their families."

"Science or Art is not the monopoly of any one individual or nation. It is often heard, we were once world teachers. Though the idea of self-respect needed for self-preservation is commendable to a certain extent, the vanity of former glory, however, is sure to destroy an individual or a nation."

"We must make useful discoveries now. These alone can raise us in the estimation of the world. For this, incessant efforts for research work are absolulety necessary."

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"Although the condition of Ayurveda is not satisfactory at present, there are hopeful signs of its further inprovement which is evident from the increasing patronage which it is receiving at the hands of the Government, the Indian Princes and some of the Indian Universities. In this age of science, new things are credited. In a practical science like Ayurveda, mere book-learning without practical demonstration, can not suffice for a thorough grasp of the science. Hospitals and laborataries, etc., should be attached to all Ayurvedic schools as without these practical training and demonstrations are impossible. Closer studies of text books, identification of rare drugs and discovery of the unknown useful drugs are to be carried out with the help of the unlettered and by the frequent excursion into the hills, jungles and villages and always taking note of the effects of treatment with herbs by these illiterate men. Knowledge is all one and it should be allowed to have an all-round improvement or development with the mutual co-operation of all concerned. Self-lessness and self-sacrifice are the inevitable conditions for the progress of learning."

The object of the Conference according to him was to find out, with the help of learned scholars present, means for the development and progress of Ayurveda, and determine a path leading to permanent service of Ayurveda.

He then requested the Hon'ble Pandit Madan Mohan Malaviya to occupy the Chair of the Sammelan and proceed with the work of the Conference.

After the speech of Rai Bahadur Pandit Gopinath Ji, M. A., C. I. E., the Hon'ble Pt. Madan Mohan Malviya rose up and said before occupying the chair that as he was not a scholar of Ayurveda or a Vaidya, he was not at all fit for this place which was up till now used to be occupied by the learned and famous Vaidyas of the country. He was elected as a president evidently for other reasons. The Vaidyas had probably done so, because they sometimes, for curing a serious disease, made use of an ordinary remedy as honey or cloves, etc, as a vehicle; so they had elected him thinking him to be a Sewak (सेवक) of Ayurveda probably for the collection of the necessary *samagri* articles) required for the completion of this Ayurvedic Yagna (यज्ञ), of which the former presidents as noted above, were so many more able and learned Physicians or Vaidyas of India. There was little doubt in his being a *Sewak* or servant of Ayurveda from his boyhood when the

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bleeding from his throat or lungs, not relieved by allopathic Doctors, was cured by an Ayurvedic medicine known as *Sarvadighrit*. They had probably also elected him, because recently they knew, an Ayurvedic College had been sanctioned for the Benares Hindu University.

He then thanked the Vaidyas and delegates present for the honour done to him and proceeded with his address which was in Hindi. He spoke for over two hours often quoting passages from Charaka substantiating his view-point, and explaining them in Hindi.

He said he was not a Vaidya and would therefore, lay before the Vaidyas certain ideas which in his opinion were urgently needed to be spread into the public mind and which he requested them to remember. These were to prevent the occurrence of diseases amongst them, prevent the further spread of consumption amongst the youth of the country and spread shastric *Swastha Vritta* (स्वास्थ्य-वृत्त) or hygienic rules and also spread the rules of Rasayan amongst the grown-up persons and the weak to prevent untimely decay. The chapter of Charaka dealing with the *Swasth Vritta* and the *Rasayan* was the speciality of Ayurveda and deserved special culture and attention from the Vaidyas.

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In his opinion, the foremost duty of the Vaidyas and this Conference was to have a complete and fully equipped Ashtanga Ayurvedic Institute or Vidyalaya—where complete education in all other Branches of Ayurveda may be rendered possible. This, the Vaidya Conference has not yet been able to do. In his opinion, one such Vidyalaya is an immediate necessity whether it is in Kashi or elsewhere. The Vaidyas and the public must help the Kashi Vidyalaya (if they think it advisable) or any other Institute. It matters little to him whether they help the the Kashi or any other but there should be one such College.

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2. A big Aushadhalaya or Bhandar of Ayurveda
3. An Ayurvedic paper (all-India)
4. One fresh vegetable drugs house or store.
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remember amongst various proofs, that specialisation in any science or an art was only begun after a science had reached a state of perfection. Its living examples were Junhas, Satiyas, Singiwalas, etc.

The object of all therapeutics was one, *viz.*, cure of diseases ; but the knowledge of the formation of body and the therapeutic value of drugs and herbs were also equally indispensable. The climate and the temperaments of each country differ. Hence the drugs of a particular country must suit the constitution of the people of that country. Hence any progress made in this direction would be all the more advantageous to all.

"Our India is a land of cheapness and simplicity. This is true of Ayurvedic treatment also Sometimes it costs a family nothing or only a few pices. And this distinctive quality and special importance of the indigenous method have to be preserved."

"Great Importance is attached to Surgery in these days. Of the existing few works—Sushruta is a proof of the fact that once this art had reached a stage of perfection. But later on, this art for certain reasons began to be called *Asuri-chikitsha* (आसुरी चिकित्सा) and *Singiwalas* have cured certain inoperable cases by *kalgi*, and this art of operation or surgery is not to be despised. In addition to the preservation of the simple and effective methods, it is important to keep a close touch with the modern developments of other countries and an all-round improvement in all the branches, and addition to the already existing knowledge is also important. Like the scientists of the West, incessant efforts for revival and bringing to light the important principles and the demonstration of new wonderful discoveries to the public are also essential. It is also the sacred duty of the society to help such learned scholars busy in their research work and keep them free from worries of livelihood for themselves and their families."

"Science or Art is not the monopoly of any one individual or nation. It is often heard, we were once world teachers. Though the idea of self-respect needed for self-preservation is commendable to a certain extent, the vanity of former glory, however, is sure to destroy an individual or a nation."

"We must make useful discoveries now. These alone can raise us in the estimation of the world. For this, incessant efforts for research work are absolulety necessary."

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"Although the condition of Ayurveda is not satisfactory at present, there are hopeful signs of its further inprovement which is evident from the increasing patronage which it is receiving at the hands of the Government, the Indian Princes and some of the Indian Universities. In this age of science, new things are credited. In a practical science like Ayurveda, mere book-learning without practical demonstration, can not suffice for a thorough grasp of the science. Hospitals and laborataries, etc., should be attached to all Ayurvedic schools as without these practical training and demonstrations are impossible. Closer studies of text books, identification of rare drugs and discovery of the unknown useful drugs are to be carried out with the help of the unlettered and by the frequent excursion into the hills, jungles and villages and always taking note of the effects of treatment with herbs by these illiterate men. Knowledge is all one and it should be allowed to have an all-round improvement or development with the mutual co-operation of all concerned. Self-lessness and self-sacrifice are the inevitable conditions for the progress of learning."

The object of the Conference according to him was to find out, with the help of learned scholars present, means for the development and progress of Ayurveda, and determine a path leading to permanent service of Ayurveda.

He then requested the Hon'ble Pandit Madan Mohan Malaviya to occupy the Chair of the Sammelan and proceed with the work of the Conference.

After the speech of Rai Bahadur Pandit Gopinath Ji, M. A., C. I. E., the Hon'ble Pt. Madan Mohan Malviya rose up and said before occupying the chair that as he was not a scholar of Ayurveda or a Vaidya, he was not at all fit for this place which was up till now used to be occupied by the learned and famous Vaidyas of the country. He was elected as a president evidently for other reasons. The Vaidyas had probably done so, because they sometimes, for curing a serious disease, made use of an ordinary remedy as honey or cloves, etc, as a vehicle; so they had elected him thinking him to be a Sewak (सेवक) of Ayurveda probably for the collection of the necessary *samagri* articles) required for the completion of this Ayurvedic Yagna (यज्ञ), of which the former presidents as noted above, were so many more able and learned Physicians or Vaidyas of India. There was little doubt in his being a *Sewak* or servant of Ayurveda from his boyhood when the

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Dr. B. L. Sarnelis de Silva, 57, Maradana, Colombo, Ceylon.
Dr. Ambalalji, Vaidya, Ajmere.
Pt. Upendra Duttji, Shahapura. Shekhawati.
Kaviraj Dharmadasji, Professor, Hindu University, Benares.
Pt. K. Krishna Rao Mayalapore, Madras.
Ayurveda Martand Swami Lachmiramji, Jaipur.
Mahamahopadhyaya Kaviraj Gananath Sen Saraswati, M. A., L. M. S., Calcutta.
Vaidya Jethalal Devshanker Dave, Ahmedabad.
Pandit Bangalalji, Vice-President, Ayurvedodharak Sabha, Karachi.
Pt. Sopanlal Sharma, Joint-Secretary, Prantik Sabha, Sind, Hyderabad.

Proposed by the President and unanimously adopted.

Resolution III. That this conference expresses its heart-felt sorrow at the death of the following gentlemen and heartily sympathises with their bereaved families :

(1) Sri H. H. Maharaja of Gwalior.
(2) 108, Bawa Ramnathji Kali Kamalewala, Rishikesh.
(3) Kaviraj Umacharan Bhattacharyya, Benares.
(4) „ Kiranchandra Kanthavaran, Delhi.
(5) Vaida Lalmani Jhinjhak, Cawnpore.
(6) Kaviraj Mohinimohan, Hardwar.
(7) „ Ravishanker Devshanker Bhatta, Rajkot.
(8) Vaidya Nathilalji Bhatta, Bharatpore.
(9) Kaviraj Lokeranjan Sen, M. A., Calcutta.
(10) Vaidya Pitambar Das Ojha, Karachi.
(11) „ Chimman Motilal, Ahamedabad.
(12) „ Chhaganlal, Bhavanagar.
(13) Vaidya Phirayalal, Multan.
(14) „ Muralidharji Ojha, Shekhavati.

This Conference further expresses its sorrow at the untimely deaths of the wife of Mahamahopadhyaya Kaviraj Gananath Sen and the son of Kaviraj Jogendranath Sen of Calcutta and offers its sincere condolence to the bereaved families.

Proposed by the President and unanimously and solemnly carried.

Resolution IV. That this Conference recommends the appointment of a Sub-committee consisting of the following gentlemen to investigate and report on the present condition of the existing Ayurvedic Schools and Colleges in India and Ceylon

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and authorises the Sub-committee to co-opt two members from each of the different provinces as occasion arises, to help in their work and further requests the Sub-committee to present their report before the next Conference.

The sub-committee is to consist of :—

(1) Pandit Yadavaji Tricumji Acharya, Bombay.
(2) Vaidya Panchanan Krishnashastri Kavade, B.A., Poona.
(3) Dr. Prasadi Lal Jha, Cawnpore.

Proposed by Kaviraj Protap Singh of Benares, *seconded* by Kaviraj Nivaranchandra Bhattacharrya, Delhi and *carried* unanimously.

Resolution V.

(1) Alteration in the rules of the *Mahamandal* and *Vidyapeeth*.

(*a*) This Conference resolves that the sub-rules (3) of regulation No. 3, Mahamandal, should be read as they existed or stood before the 14th Conference was held at Colombo in 1924.

(*b*) This Conference resolves that a candidate passing the examination of the All-India Ayurveda Vidyapeeth will be eligible for election as a member of the Mahamandal at a reduced fee of Rs. 3/ a year, provided he is not in a position to pay the full amount of annual subscription of Rs. 9/- a year.

(*c*) This Conference resolves that a qualified student may obtain a copy of his certificate from the Vidyapeetha office, signed by the current year's office-bearers on payment of a fee of Rs 2/-

(*d*) This Conference resolves that in Rule No. I "(1) The name *Vaidyasammelan*" as fixed before 1924 Conference of Colombo should continue to exist in Mahamandal rules and regulations.

Proposed by the President and unanimously carried.

(2) This Conference resolves that the Executive Committee should within a month's time determine and fix the books to be selected for the Vishag Examination.

Proposed by K. Shesh Shastri, and carried unanimously.

Resolution VI. :—This Conference resolves that the letter of resignation submitted by the Secretary Dr. Prasadi Lal Jha should not be accepted and prays that he may continue as the Secretary of the Mahamandal and Vidyapeeth for the next official year and offers its sincere thanks for the excellent services he rendered to the Mahamandal and Vidyapeeth as Secretary during the past year.

Proposed by the President and unanimously adopted.

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Resolution VII :—This conference resolves that the post of the Secretary of the Vidyapeeth should be abolished and a joint Secretary be apppointed to assist the General Secretary in his work in connection with the Mahamandal and Vidyapeeth.

Proposed by Pt. Hari Prappanaji of Bombay and unanimously accepted.

Resolution VIII. That this Conference fully convinced of the sympathy and co-operation of the Jaipur Durbar in furthering the progress of Ayurveda by incorporating its study in the Raj Sanskrit College and help its spread by material aid, offers its hearty thanks to the Durbar and hopes that in order to secure its further progress the Durbar will always as usual extend its helping hand.

Proposed by Dr. Prasadilal Jha, and carried unanimously.

Resolution IX. That this Conference is glad to be able to note that the reports of the Ayurvedic and Unani Committee appointed at the instance of the Government of the United Provinces have been submitted and expects that the U. P. Government in Council will be pleased to consider the reports favourably and adopt liberal and sympathetic measures for the resuscitation and spread of the Ayurvedic and Unani Education under its jurisdiction.

Proposed by Shivnarainji Misra Vaidya and accepted unanimously.

Resolution X. That this Conference offers its hearty and sincere thanks to all those Indian Rajas and Maharajas who have shown sympathy with Ayurveda and which they have materially proved by establishing Ayurvedic Schools and Colleges in their States and particularly the undermentioned :—

(*a*) Sriman H. H. The Maharaja of Mysore.
(*b*) Sriman H. H. The Maharaja of Baroda.
(*c*) Sriman H. H. The Maharaja of Patiala.
(*d*) ,, ,, ,, Gwalior.
(*e*) ,, ,, ,, Rewa.
(*f*) ,, ,, ,, Bharatpore.
(*g*) ,, ,, ,, Rajkote, Kathiawar.
(*h*) ,, ,, The Raja Sahab of Awagarh.

Proposed by the President and unanimously accepted.

Resolution XI. That this conference offers its thanks to the Government of Madras for its inclusion in the Budget, items of increased expenditure for the spread of Ayurvedic Education.

Proposed by the President and accepted unanimously.

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Resolution XII. That this Conference offers its thanks to the Government of Behar and Orissa for its approval and consent to the opening up of Ayurvedic and Tibbi Colleges under its jurisdiction.

Resolution XIII. That this Conference offers its thanks to those District Boards and Municipalities which are helping to remove the suffering of the population by opening and supporting Ayurvedic Dispensaries under their jurisdiction.

Resolution XIV. This Conference acknowledges the necessity of publishing an exhaustive Journal, named Ayurveda Sambad, in which articles on identification of doubtful and rare drugs, pathology, special prescriptions for special diseases, etc., will regularly appear. The articles on different subjects relating to the above and other subjects should be edited by noted specialists. The Executive Committee will further arrange about the publication of the Journal.

Proposed by the President and accepted unanimously.

Resolution XV. (*a*) This Confereuce resolves that the following gentlemen be elected as Office-bearers and members of the Executive Committees of the *Mahamandal* for the current year.

President—Sj. Pandit Madan Mohan Malaviya, Vice-Chancellor, Hindu University, Benares

Vice-Presidents (1) Pandit Yadavji Tricumji Acharya, Bombay.

(2) Pt. Chandrashekar Shastri Agnihotri, Cawnpore.

General Secretary—Dr. Prasadi Lal Jha, L. M. S., Cawnpore.

Joint Secretary—Pandit Kjshori Dutt Shastri Rajvaidya, Cawnpore.

Assistant Secretary—Pt. Jugal Kishore Shastri Ayurvedacharyya, Cawnpore.

Dr. Ramnarayan Varma, Ayurveda Bisharad, Cawnpore.

Treasurer—Hakim Kanhya Lall Vaidyaratna, Cawnpore.

Auditor—Pt. Shivnarayan Misra Vaidya, Cawnpore.

Secretaries of Provincial Committees :

(1) U. P.—Ayurveda Martanda Raghubar Dayal Bhatta Vaidya Shastri, Cawnpore.

(2) Sindh—Pt. Shyammonohar Misra, Karachi.

(3) Bombay—Jayshankar Harjeevan, Bombay.

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(4) Nepal—Pt. Damodar Das Rajvaidya, Tripureswar, Katmandu.
(5) Maharastra—Tryambak Ramachandra Apte, Shunwarpeth, Poona.
(6) Indraprastha (Delhi)—Kaviraj Hariranjan Mazumdar.
(7) Gujarat—Vaidya Ravishanker Jathashanker, Richie Road, Ahmedabad.
(8) Karnatak—Dr. H. V. Savanur, L. M. S., Belgaum.
(10) Punjab—Sri Thakur Dutta Varma (Multani) Lahore.
(11) Dravida—K. A. Venkatachal Sastri, Mayalapur, Madras.
(12) Andhra—Pt. Kashinathji Rajlinga Shastri, Tenali, Guntur.
(13) Rajputana—Pt. Nand Kishore Vishagacharya, Jaipur.
(14) Bengal—Vishagbhushan Kaviraj A. C. Bisharad, M. R. A. S. (Lond.), 2, Horokumar Tagore Square, Calcutta.
(15) Behar—Pt. Ramavatar Misra Vaidyabhushan, Post Khagaul, Mustafapore, Patna.
(16) Berar—Pt. Harishastri Pararkar Vaidya, Akola.
(17) Ceylon—Ayurvedacharya B. L. Sarnelis de Silva, Colombo.

The complete Members' list (will be published later on.)

(*b*) This Conference resolves that the following gentlemen be elected as office-bearers and members of the Executive Committee of the Vidyapeeth for the current year : –

President :—Ayurveda Martanda Swami Lakshmi Ramji, Jaipore.

Vice-Presidents :—(1) Pt. Rameswar Misra, Chikitsaka-chudamani, Cawnpore.
(2) Vaidya-Panchanan Pt. Krishna Shastri Kavade, B. A. Poona.

Assistant Secretaries :—(1) Pt. Satyadev Pande, Ayurvedacharyya, Cawnpore.
(2) Pt. Rajkumar Tripathy, Ayurvedachara, Cawnpore.

Members af the Standing Committee of the ALL-INDIA AYURVEDA VIDYAPEETH.

(1) Mahamohopadhyaya Kaviraj Gananath Sen, Saraswati, M. A., L. M. S., Calcutta.
(2) Kaviraj Sri Jaminibhusan Roy, M. A., M. B., Calcutta.
(3) ,, ,, Jogendra Nath Sen M. A. ,,
(4) ,, ,, Narendra Nath Mitra, Lahore.
(5) Kaviraj Shiromani Shyamadas Bachaspati, Calcutta.
(6) Dr. Sri Subramanya Ayyar, M. B., C. M., Madras.
(7) Sri Jnanendranath Sen, Lahore.

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(8) Pt. Sri Hari Prappannaji, Bombay.
(9) „ „ Braja Behari Chaube Vaidyaratna, Bankipur.
(10) „ „ Vaid Laksmi Sanker Ramkrishna Shastri, Ahmedabad.
(11) „ „ Amritlal Pranshanker Pattani, Gujrat.
(12) „ „ Kshamapati Bajpayi, Lucknow.
(13) Kaviraj Sri Pratap Singh, Professor, Hindu University, Benares
(14) Pt. Sj. Dayanidhi Swami, Ayurvedacharyya, Rishikesh.
(15) Kaviraj Sri Hariranjan Majumdar, Tibbi College, Delhi.
(16) Pt. Parshuram Ramkrishna, Ojjain.
(17) „ K. Shesha Shastri, Shringeri, Mysore.
(18) „ Sri N. Shastri, Mangalore.
(19) Ayurvedabhushan Pt. M. A. Duraiswami Aiyyangar, Madras.
(20) „ N. Mahadeva Menon, Madras.
(21) „ Noriram Shastri, Bezwada.
(22) Vaidya Sri Prativadi Bhayankar Krishnamacharlu, Bezwada.
(23) Kaviraj Haripada Shastri, Calcutta.
(24) Vaidya Durga Dutta Pant, Muradabad.
(25) Chikitsaka-Chudamani Vaidya Gnan Sinhaji, Kachahatighat, Agra.
(26) Vaidya Mahadeva Shastri, Agra.
(27) Dr. A. Lakshmipati, B A., M. B., C. M , Madras.
(28) Vaidya K. Bharat Shastri, Triplicane, Madras.
(29) Vidwan Shamagunti Menon, Government School of Indian Medicine, Madras.
(30) Kaviraj Nibaranchandra Bhattacharyya, Sitaram Bazar, Delhi.
(31) Vaidya Parashuram Shastri, Ambala.
(32) Vaidya Mastaram Shastri, Rawalpindi.
(33) Vaidyabhnsan Ganesh Duttji, Poona.
(34) Vaidya Manoharlalji Vaidyarj, Delhi.
(35) Kaviraj Shitalchandra Chatterjee, Sukea Street, Calcutta.
(36) „ Bisweswar Bhattacharyya, Dashaswamedheghat, Benares.
(37) Dr. Vaman Ganesh Desai, M. B., Bombay.
(38) Kaviraj A. C. Bisharad M. R. A. S., Calcutta.
(39) Vaidyaraj Ramprasadji, Patiala.
(40) Ayurvedacharya Jagan Prasad Bajpai. B. H. U., Benares.
(41) „ Manmohan Sharma, Agra.
(42) Rajvaidya Valmiki Prasad, Rewah State.
(43) Vaidyaraj Gopiraman Devacharya, Delhi.

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(44) Kaviraj Dharmadasji, Hindu University, Benares.
(45) Dr. Ambalalji Vaidya, Ajmere
(46) Capt. Srinivasa Murthi, B. A., B. C., M. B., Principal Government School of Indian Medicine, Madras.
(47) Ayurvedacharyya Rameswar Shastri, Lashkar, Gwalior.
(48) Pt. Narayan Dutt Sharma Ayurvedacharyya, Khurja.
(49) Dr. J. S. Vastiam Pillay, Principal, Lanka Ayurvedic College, Jaffna.
(50) Sri Krishna Gopal, Ayurvedacharya, Pachpukhra Farrukhabad.

THANKSGIVING :

Resolution XVI. This Conference resolves that a vote of thanks be passed to the following gentlemen for their whole-hearted sympathy and untiring labour by night and day in connection with the successful termination of the Conference and the Exhibition :—

(1) Rai Bahadur Purohit Gopinathji, M. A., M. R A S. (Lond.), President, Reception Committee.
(2) Ayurveda Martanda Pandit Swami Lakshmiramji, President, Vaidya Sanmelan, Rajputana.
(3) Jhabar Devi Singhji, Choumu.
(4) Sri Thakur Kushal Singhji of Geejgarh, Jaipur.
(5) Mr. L. W. Reynolds, I. C. S., President, Jaipur State Council.
(6) Mr. A. N. L. Cater, I. C S., Resident, Jaipur State.
(7) The Members of the State Council, Citizens and Volunteers.
(8) Munshi Pratap Singhji.
(9) Vyas Magon Rajji.
(10) P. Shyamsundar Sharma M. A., Director of Public Instruction, Jaipur, Secretary, Reception Committee and his assistants.

This Conference is grateful to the above for their sympathy, consideration and arrangement in connection with the construction of the pandal, exhibition and the meeting of the conference and their singular attention to the convenience of the delegates present.

Resolution XVII—The following delegates present invited the conference for its next session to their respective centres :—

(1) Mysore—Karnatak :—Ayurveda-Bidwan K. Shesha Shastri.
(2) Cawnpore, U. P. :—Pt. Shiv Narayanji Vaidya.
(3) Aligarh :—Pt. Mukundahari Shastri, Secretary, Bidwat Sammelan.
(4) Farrukkabad :—Swami Bhagirathji.

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(5) Lucknow :—letter from Vaidya Chidanandji.

The proceedings then concluded with a vote of thanks by the Chief Secretary, Dr. Prasadilal Jha. Nikhil Bharatbarshiya Ayurveda Mahamandal to the President, the Hon'ble Pandit Madan Mohan Malaviya and the visitors and delagates present during the sittings of the Conference.

The following prizes were Awarded in the 16th All-India Ayurvedic Conference, Jaipur.

THE LIST OF PERSONS AWARDED GOLD MEDALS.

(1) A. M. Swami Lakshmi Ramji, Jaipur.
As he did not take it, the same was awarded to a second person,
P. Tulsi Ramji Vaidya of Khurja.
(2) Dr. Amba'alji Vaidya for essay on Tuberculosis.

THE LIST OF PERSONS AWARDED SILVER MEDALS.

(1) Ayurvedic Pathshala of Bombay.
(2) P. Yadavaji Trikamji Acharya, Bombay.
(3) P. Jayakrishnaji Indraji.
(4) P. Tulsi Ramji Vaidya, Khurja.
(5) Dhanwantari Aushadhalaya, Jaipur.
(6) Naraya Dutt Acharya, Khurja.
(7) P. Durga Prosadji Jaipur.
(8) P Hari Prapannaji, Bombay.
(9) R. J. V. Trivedi, Ahmedabad.

CERTIFICATES OF THE 1ST CLASS PROMISED :—

(1) P. Ramdayal Vaidya, Ajmere.
(2) Dr. Prasadi Lal Jha, Cawnpore.
(3) B. Hardwarilalji, Rawalpindi.
(4) B. Madan Chandraji, Jaipur.
(5) Benares Hindu University Pharmacy.
(6) P. Bhagirath Swami, Farrukkahad.
(7) The Gwalior Pharmacy.

CERTIFICATES OF THE 2ND CLASS PROMISED :

(1) Vaidya P. S. Varrier, Kottakal.
(2) Vaidya Ramchandra Mahadev Joshi, Belgaum.
(3) Vaidya Bhairav Duttaji, Haradwar.
(4) R. Ram Rudra Bhatta, Phaltan.
(5) Vaidya Kashiramji, Ghatkopar.
(6) „ Ramchandra Ramprasadji.
(7) „ Puranchandra Tansukh Vyas, Beawar.
(8) „ Shankar Dutta Varma, Lahore.
(9) Shrijut Nathu Ram ji.
(10) Rajvaidya Nori Venkateswar, Bezwada.

CERTIFICATS OF THE 3RD CLASS PROMISED.

(1) Vaidya Jagannath Gunpat Ram.
(2) B. Viroo Malji.

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or the Hindu System of Medicine.

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THE JOURNAL OF AYURVEDA

Vol. II.] June, 1926. [No 12.

Politics and Ayurvedic Practitioners.

Inspite of much adverse criticisms by the advocate of the new-fangled scientific system of medicine, it seems that the Ayurvedic practitioners of Calcutta are quite unmoved. This non-chalant behaviour on their part is nothing short of gross misunderstanding of the whole situation. The Kavirajes who make a decent income notwithstanding keen competition are sure of their position and prospect and those who eke out their bare existence are far too afraid to come forward and face the situation. Others again fight shy of the limelight of publicity, and this attitude on their part is responsible for the scant attention the Report of the Ayurvedic Committee is receiving at the hands of the Goverment of Bengal.

There is a great defect in the organisation of the Kavirajes of Calcutta, who are the mainstay of the Profession in Bengal. The muddle which followed the amalgamation scheme of the different Ayurvedic Colleges brought into relief their mentality. It was a pity that the few leading Kavirajes could not agree on a certain point and the amalgamation scheme fell through not because of any defect in the Corporation Scheme but owing to differences in the angles of vision by which the heads of the different institutions viewed the outlook.

The real bone of contention was the individual interests which were at stake. We would go further and say that it was really the want of interest in the common and general aspects of life, which alone can place personal gain quite below communal interest. Here is the place of politics in medicine : medical men specially Ayurvedists should not fight shy of Councils and politics if they

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have any real intention to uplift their science and their condition. Had there been an Ayurvedic practitioner a member of the Legislative Council, he could have created a party inside the Council to fight for Ayurveda to have Government support.

There are several Ayurvedic Associations in Bengal, but these are more or less in a moribund condition. The Ayurveda Sabha, which owed its origin to the late lamented Mahamahopadhyaya Kaviraj Bejoy Ratna Sen of revered memory is just pulling on. There is another, Brahman Ayurved Sabha, which shows its sporadic activity once or twice in the year to meet a sankaracharyaya or a mohunt. Then there is the Bengal Branch of the All-India Ayurvedic Vidyapeeth and Mahamandal which requires a thorough overhauling and organisation. In place of these three imperfect and ill-organised societies would it not be proper to have the All-India Ayurveda Mahamandal and Vidyapeeth consolidated? The Mahamandal and Vidyapeeth has branches all over the Indian Empire, the Native States and Ceylon and we are sure the Bengal Branch if organised in a proper way, would be able to gain recognition on all hands.

The next Council Elections are near at hand. It is time that the Kavirajes of Calcutta and Bengal should join hands forgetting for the time being petty personal jealousies and select some of their members to stand for and contest seats in the Legislative Council. The Allopaths are well represented and none can expect them to stand for Ayurveda. Under these circumstances the only way out of the muddle is the need for a growing interest in politics on the part of the Kavirajes, who have so long been docile and innocent of anything showing life and activity. We call upon the leading Kavirajes of Calcutta to ponder over the situation, while there is time yet and not to cry over spilt milk, when it will be too late.

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To Our Constituents.

—:o:—

With the current issue the JOURNAL OF AYURVEDA completes its second year of existence and we take this opportunity to thank our esteemed constituents, subscribers, contributors and advertisers who have helped so much for its upkeep and healthy growth.

Our failings have been many, but we trust our well-wishers will overlook those omissions and commissions and continue their steady support, to enable us to reach the goal—which is to light the lamp of Ayurveda in the most obscure parts of the empire, for the sole purpose of distributing cheap and effecient medical aid to the masses, more suited to he tropics.

We are particularly grateful to medical men trained in the western science for they form the bulk of our subscribers and supporters. They are moreover earnest and sincere seekers after truth and we are glad that they are veering round and are supporting indigenous medical aid in the light of cheapness and efficiency.

We had in our programme several items to which we could not do justice even now. We have however made special arrangements for these and intend to start work from the first issue of the third year, viz., July 1926. These will comprise special articles on therapeutics, materia medica and general practice with proper instructions for the preparation of standard prescriptions, which are of established value and reputation.

The index to Vol. II will be ready by the end of this month and will be forwarded to our constituents with the July issue of the Journal.

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BUSINESS NOTICE.

As most of the advance subscriptions expire with the current issue we expect that our subscribers will be pleased to remit their subscriptions for the period July 1926 to June 1927 at their earliest convenience. The July issue will be out by the 15th of the month of July and all money orders should reach us before that date. The present V. P. P. system is costlier than a M. O. But those willing to have their renewals by V P. P. should advise us accordingly as after the 15th of July, the month's issue with the table of contents for the second year will be forwarded to them by V. P. P.

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Original Articles.

—:o:—

THE METHOD OF PULSE EXAMINATION ACCORDING TO AYURVEDIC SPHYGMOLOGY

BY

EKENDRANATH GHOSH,

Professor of Biology, Medical College, Calcutta.

—:o:—

(1) अरुणोदय वेलायां कराङ्गुष्ठसमूलके।
सर्वरोगाः प्रदृश्यन्ते दर्पणे वदनं यथा॥
ना. श. म. (II. 46).

(2) प्रातःकृतसमाचारः कृताचार परिग्रहं।
सुखासीनः सुखासीनं परीक्षार्थमुपाव्रजेत्।
ना. वि. (II. 4) ; ना. प्र. (II. 38) : ना प. (II. 18) ; ना. ज्ञा शि. (III 5) ;
ना. प नि. (II. 34) ; ना. प्र. (II. 36) ; ना वि. (II 4)

The pulse should be examined in the morning after sunrise at the base of the thumb (1). The physician, having performed the morning duties, and seated comfortably, should attend the patient seated comfortably and having finished the morning duties (2) [The second passage really states the conditions on the part of the physician and patient as well, but at the same time mentions the morning hours].

We now deal with the pasages which concern the patient going to be examined by the physician. Here, as in the case of physician, the conditions on the part of the patient may be favourable or unfavourable for the purpose. The favourable conditions are defined as having *Vigneya nadia*, that is, a pulse capable of giving a true interpretation and the unfavourable conditions as having an opposite effect. Let us first consider the favourable conditions.

(1) त्यक्त मूत्र पुरीषस्य सुखासीनस्य रोगिणः।
अल्पजानु करस्यापि 'नाडी सम्यक् प्रबुध्यते'॥
ना. प्र. (II. 41) ; नाडी सम्यक् परीक्षयेत्
—ना. ज्ञा. त. (III. 4.)

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(2) स्वस्थकार्यं समग्रीव मनाधिवित जागरं।
व्यायाम मैथुनैर्हीनमभुक्तं स्नानवर्जितं॥
शान्तं क्रोधादि रहितं अकापथ्याप्रलापितं।
श्रद्धातुं शोकरहितं वैद्यभक्तं निरामयं॥
सामयं वा विशोध्यादौ पश्यान् नाडी परीक्षयेत्॥

ना. वि. (II. 6).

The patient should have the following boidily conditions :

He should have passed urine and stools (1), be seated comfortably with the arms placed between the knees (1). (The text might mean a squatting posture with the arms placed between the flexed thighs). He should be at ease, the neck in the natural position (not drawn forwards towards the physician—a habit not infrequently seen), without anxiety, not have awaken at night, not have had exercise or sexual intercourse, not have taken any food, not have taken bath, be calm, without anger or any other excitement, be delirious without malingering, be confiding (that is, should believe in the physician), without grief, revering to the physician, and be without or with a disease. The physician should see to these conditions before he examines the pulse.

We now come to the unfavourable conditions on the part of the patient.

(1) सद्यस्नातस्यभुक्तस्य तथा स्नेहावगाहिनः।
क्षुत्तृष्णार्त्तस्य सुप्तस्य नाडी सम्यक् न बुध्यते॥

तैलाव—ना. ज्ञा त. (III. 4.) ; ना. जो. (II. 8) ; ना प्र (II 41) ; ना. वि. (II. 4) ; ना. प (II 29).

(2) सद्यस्नातस्य भुक्तस्य क्षुत्तृष्णातपशालिनः।
व्यायामश्रान्तदेहस्य नाडी सम्यक् न बुध्यते॥

ना. प. (II. 25) ; ना. प. (I. 2) ; ना. स. (II. 44) ; ना. ल. (II. 14).

(3) सद्य.....[like (1)]
क्षुत् तृष्णार्त्तस्य सुप्तस्य क्षुत्तृष्णातपपीडितः।
व्यायामश्रान्तदेहस्य सम्यक् नाडी न बुध्यते॥

ना. प्रबो (II. 36) ; ना. वि. (II. 4) ; ना. नि. वै. (I. 4).

(4) सद्यस्नातस्य.....[like (2)]
व्यायामक्लान्त देहस्य सम्यक् नाडी न बुध्यते॥

ना. प्र. (II 38) ; ना ज्ञा. शि. (III. 5).

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(5) मद्यस्नातस्य.....[like (2)]

व्यायामाविष्ट देहस्य भूतावेशे च रोदने ॥
सुन्दरीणां सुयोगे च मद्यपाने मतिभ्रमे।
भङ्गादि भक्षने चैव यवनाभ्यासनोदके ॥
अपस्मारे श्वासरोगे नाडी सम्यक् न वृध्यते ॥

ना प (II. 27).

(6) व्यायाम (आयास) तृष्णातपपीडितस्य
बुभुक्षितो भुक्तवतोपि जन्तोः।
अभ्यञ्जन स्नान वधूपभोगात्त
मासु नाडी न विबोधनीया ॥

ना. वि. (II. 6); का. ना. प्र. (II. 1);
ना. नि. वै. (I, 4.)

(7) तैलाभ्याङ्गे प्रसुप्ते च तथा भोजनान्तरे।
तथा ना ज्ञायते नाड़ी यथाविध दुर्गमा नाड़ी ॥

ना. प्र (II. 36), ना. वि. (II. 4); ना. वि. (II. 4. Gangādhara; ना. प्र. 38); ना. प. (II. 18);
ना. ज्ञा शि. (II. 5).

(8) महसावमनेऽथ मुर्च्छने वा बहु मारग्रहणेषु
विप्रघाते भुजपीडन वक्रितत्वयोश्च स्फुरणेवेति तृषा मदेन विमोहे।
मद्यस्नाने भोजने क्षुत्तृषोश्च व्यायामे वाप्यातपे च
अट्टहासे नाडीस्पष्टत्व न यातीति नास्मिन्काले तस्यायुक्तरूप परीक्षा ॥

ना. प. (II. 24).

The following bodily conditions on the part of the patient make him unsuitable for examination of the pulse.

(*a*) Having just bathed (1-5, 6, 8).
(*b*) Having taken food (1-8).
(*c*) Having smeared the body with oil (1, 3, 6, 7).
(*d*) Being hungry (I-6, 8).
(*e*) With thirst (1-6, 8).
(*f*) In sleep (1, 3, 7).
(*g*) In exhaustion after exercise (2, 3, 4, 5, 8).
(*h*) After exposure to sun (2, 3, 4, 6, 8).
(*i*) In affection with evil spirit (5).
(*j*) In crying (5).
(*k*) After sexual intercourse (5, 6).
(*l*) In drunken state (5) and unconsciousness after drinking (8).

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(*m*) In unsoundness of mind (5).
(*n*) After smoking *bhang* (5).
(*o*) After swimming in water (5).
(*p*) In epilepsy (5).
(*q*) In asthma (5).
(*r*) In sudden fear or alarm (8).
(*s*) In fainting (8 .
(*t*) After carrying heavy weight (8).
(*u*) After a combat (8).
(*v*) In injury to the arm or its bending (fracture or dislocation, in trembling and in loud laugther (8).

We now arrive at the more important section of the subject matter, *viz.*, the mode of feeling the pulse. The particular attention given to this portion is well seen by the number of passages quoted below from the various treatises, a large proportion of them contributing to this matter.

First, we shall study two passages dealing with the position of the pulsatile *nadis* suitable for examination.

(1) मूर्ध्नि बाल्ये वहेन्नाडी कौमारे भ्रूयुगान्तरे।
मध्याकण्ठे च हृद्देशे कुक्षौ पार्श्वद्वये तथा॥
बाह्वोर्वृषणयोर्मध्ये मध्ये वयसि दृश्यते॥

ना. वि. (II. 6).

(2) यवस्यबीजमात्रश्च नाडी सर्वाङ्गसङ्गता।
तत्र पञ्चविधैर्मर्दैः प्राप्तदेहगता भवेत्॥
शिरोना भ्रोरुपृष्ठेषु नाडिकायां तथैव च।
स्वे स्वे स्थाने तु वहति विक्रियते च पर्व्यशः॥

ना. ल. (II. 12).

(1) The pulse is felt on the head (anterior fontanelle) in the child, between the two eye-brows in youth and in the neck, chest axilla, two sides, arms and between the scrotal sacs in the middle aged. The passage refers to the anterior fontanelle in the child, probably to the *frontal* arteries in youth and to the *carotid* arteries, the pulsation of the heart itself, *axillary* arteries, *long thoracic* arteries along the sides of the thorax, *brachial* and *radial* arteries in the arms and the arteries in the spermatic cords in the middle aged.

(2) The *nadi*, having the diameter only like that of wheat, (*or* felt in a space corresponding to wheat in length) is distributed

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throughout the body. It is divided into five sets which extend to the extreme ends of the body. (This probably refers to the head and the anterior and posterior extremities). There are also nadis in the head, navel, thigh and the back. The *nadi* pulsates (normally) in its own place and shows abnormality (in pulsation) in turn.

Secondly, we consider the actual mode of feeling the pulse, as depicted in a large number of treatises. The passages from these works have been thus classified

(*a*) The usual site of examination.

(1) कराङ्गुष्ठमूले नाडी धरिवे आपने।
ना. ज्ञा (II. 9).

(2) अङ्गुष्ठमूलमंस्थान् विशेषेण परीक्षते।
ना. प. (II 20).

The *nadi* at the base of thumb is specially examined.

(3) एकाङ्गुलं परित्यज्यधस्तादङ्गुष्ठमूलतः।
परीक्षेद् यत्नवान् वैद्यो साक्ष्यभ्यासादिव लक्षते॥
ना. प. (II. 20).

The pulse to be examined carefully one finger's breadth below the root of the thumb and it can be properly felt by practice only.

(4) अङ्गुष्ठमूलमाश्रित्य अङ्गुलत्रयमात्रकं।
यवस्य बीजमात्रस्तु नाडी सर्वाङ्गसम्मति॥
ना ल. (II. 13).

(5) विन्यङ्गुलप्रमानानि नाडीस्थलमिहोच्यते।
करंस्पृष्टा तथा पूर्वं अङ्गुल्या पीडयं ततः॥
कदलीमुकुलाकारं तर्ज्जन्यास्तु परामृशेत्॥
ना. ल. (II. 12).

(3) The nadi, occupying the base of the thumb for the space of three fingers' breadth like the wheat-seed only (in area), is distributed throughout the body.

(4) The seat of pulse (*nadi*) is said to be of the size of three fingers (in width); having held the hand first, and then having supported it by the fingers, the nadi, like the young sprout of the plantain, is to be pressed by the index finger.

(*b*) Side of the body, right or left.

(1) पञ्चाशद्वर्ष्टि प्रथितं नराणां विलोकयेद् दक्षिणाणि नाडी।
अतःपरं वामकरं प्रशस्तं पश्येत् तथा व्यात्ययमङ्गनानां॥
ना. वि. (II. 6)

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In males, 50 years of age, the right hand is to be selected; after 50, the left hand is to be used. In females, the procedure will be the reverse.

(2) नराणां दक्षिणे भागे नारीणां वामभागतः।
नाडीमध्ये च क्लीबानामिति कृत्वा समाचरेत॥
कृतक्लीबस्य प्रकृति भवतश्चा परीक्षा करणीया॥ ना. वि (II. 6).

(3) स्त्रीपुंसयिङ्ग भेदेन नाडी पश्येद् विचक्षणः।
स्त्रीचिङ्गे स्त्री क्लीबं विद्यात् पुंचिङ्गे पुंनपुंसकं॥
ना. ज्ञा. शि. (III. 5).

(2) The pulse is to be examined on the right side in male and on the left side in female; in eunuch, on the left side. In congenital eunuch, the side is to be selected according to its proclivity towards (male or female).

(3) The pulse is to be examined in the eunuch according as it shows male or female signs; the eunuch with female sign is to be considered a female eunuch and that with male sign a male eunuch. (In female eunuch, the left side is to selected and in male eunuch, the right side to be taken for examination).

There are numerous passages regarding the examination of the right hand in male and the left hand in female. Practically every treatise mentions this point, which thus seems to have been held in great importance (we do not know, why). They have all been omitted, as they all direct to the same point.

In this connection we should cite a fascinating hypothesis set forth to account for selecting the right side in male and the left side in female in the examination of pulse. The following passages found in many treatises on Sphygmology, have been said to be given in Dattatreya-Samhita (see Science of Sphygmica or Sage Kanad on Pulse by Kaviraj Russick Lall Gupta, p. 5.).

तिर्य्यक् कूर्म्मोदिक्षिणं नाभिदेशं
वामे वक्रं तस्य पुच्छञ्च याम्ये।
ऊर्द्धभागे हस्तपादौ च वामौ
तस्याधस्तां संस्थितौ दक्षिणे तै॥
वक्रे नाडीहयस्तस्य पुच्छे नाडीहयस्तथा।
पञ्च पञ्च करे पादे वाम दक्षिण भागयोः॥
ना प (II. 17); ना. वि. (II. 4); ना वि. (II. 4. Gangadhara); ना प (II. 18); ना. प नि (II. 34); ना. प. (II. 27); ना. प्र. (II. 38).

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There is a tortoise in the navel region of the human body in a diagonal (oblique) position with the mouth directed to the left and tail to the right. The left arms and legs are placed in the upper position and the right arms and legs in the lower part. There are two nadis in the mouth, two in the tail and five in each of the right and left arms and legs.

स्त्रीणामूर्द्धमुखः कूर्म्मः पुंसां पुनरधोमुखः।
अतः कूर्म्मव्यतिक्रान्तां सर्व्वत्रैव व्यतिक्रमः॥
लक्षते दक्षिणे पुंसां या च नाडी विचक्षणैः।
तिर्य्यक् कूर्म्मार्दिहिणं नाभिदेशे
कूर्म्म भेदेन वामानां वामे चैवावलोक्यते॥

ना. प. नि (II. 34)

स्त्रीणामूर्द्धमुखं पुंसामधोवक्त्रः प्रकीर्त्तितः।
नाभिस्थाने मनुष्याणां कच्छपः तिष्ठते सदा॥
ज्ञेयाश्च दक्षिणे भागे नाडी तस्य भिषग्वरैः।
अनेनकारणेनैव नारी पुंसोव्व्यतिक्रमः॥

ना. प्र. (II 41).

The tortoise has its mouth directed upwards in the female and downwards in the male; all the discrepancies are due to this difference in the position of the tortoise. In male, the nadis are felt on the right side and in female on the left side due to this difference in the position of the tortoise.

This peculiar hypothesis seems to be connected with or rather derived from Tantric literature. Although the Science of Sphygmica notes that Dattatreya Samhita is a treatise on medicine, I have nowhere found the book or ms.; a ms. of the same name, belonging to the Tantric literature is extant, but unfortunately I did not see the copy. Anyhow, it is highly probable that the passage was derived from that Tantric work. In this connection, I may refer back to my paper on "The Nadi-system in Ayurvedic Medicine, Upanishads and Tantric literature", Journal of Ayurveda, Jan. 1926. The *Varuni* or *Kurma Nadi* is probably identical with this present tortoise. It is a hopeless job even to try to identify this tortoise with the Nadis connected with it in the human body from our knowledge of Anatomy. It might be the heart itself with its vessels; but then it is difficult to identify the difference between the male and female subjects, unless, with a far fetched idea, we take that the original description arose from a person (if it be the

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sage Dattatreya or any other) who might have examined the dead body of a female subject who happened to have a transposition of viscera with the heart towards the right side (open to the right) and from which he generalized the idea.

(*c*) On the hand and fingers of the examiner.

(1) नाडीमङ्गुष्ठमूलाधः स्पृशेद्दक्षिणगे करे।
ऋजुपार्श्वं रोगिणो वैद्यो निज दक्षिण पाणिना॥

ना. प. (II. 29)

(2) अङ्गुलीभिस्तु तिसृभिः नाडीमवहितः स्पृशेत्।
तत्रेष्टया सुखं दुःखं जानीयात् कुशलोऽखिलः॥

ना. प. (I 2).

(3) ऋजोस्तु दक्षिणकरे मणिबन्धस्य मूलगे
दोषान्वहत्याभिदः धातिहि जीवनाडी।
संपिडयेत् तिसृभिरङ्गुलीभिः भिषक्
तां विद्यान् विचक्षणतमः स्फुरिता स्त्रिदोषान्॥

ना. वि (II. 6).

(4) हस्ततो दक्षिणतो: प्रकोष्ठे
तज्जीव नाडी प्रवर प्रयत्न।
आस्येल पाणिमङ्गुलित्रयेण
प्राणमुपगम्य दर्दैत्तिदोषान्॥

ना ल. (II. 14).

(5) दक्षहस्तगति नाडी स्पृष्ट्वा रोगं पचेत् सुधी।
अङ्गुशाकृतिभि भारैः स्वहस्ताङ्गुलिभिस्त्रिभिः॥

ना नि. वै. (I. 4).

(6) दोषशोधन महाङ्गुष्ठमूलेऽङ्गुलिका
त्रयेण नाडी विपश्येदति सूक्ष्मभावान्।
जानाति तस्याश्चलन प्रभावं
दोषोद्भवं वैद्यशिखामणिः पृथक्॥

One should examine the pulse just below the root of the thumb of the right hand of the patient by his right hand (1).

One should feel the pulse by three fingers (2, 3, 4, 6). [The exact literal translation has been omitted].

One should feel the pulse by the tips of three fingers bent in the manner of a hook (5).

(*To be continued.*)

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FOOD IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh).

(*Continued from our last issue*).

——o——

I.—FRUITS.

(1) *Mangoe.*

Different properties had been ascribed to different parts in different conditions, as follows :—

(*a*) "*Amra makul*" (flower of mangoe)—cooling, appetizing, astringent, produces wind, good in diarrhoea, "Kapha," "Pitta," and urethral discharge, and blood purifier.

(*b*) "*Kancha Am*" (unripe mangoe) :—

If size very small—bitter, acid, appetizing, deranges "Vayu" and "Pitta"

If of medium size—very acid, drying, deranges blood and "Tridosha"

(*c*) *Am chur*" (dry pericarp and meso-carp)—sweet, acid, bitter, induces diarrhœa, checks "Kapha" and "Vayu."

(*d*) *Ripe Mangoe*—sweet, nutritious, soothing, strengthening, palatable, heavy of digestion, checks "Vayu", improves complexion, cooling, checks "Pitta," slightly bitter, increases digestive powers, "Kapha" and seminal fluid.

Ripe in tree—sweet, at times slightly acid, heavy but checks "Vayu," increases "Pitta" slightly.

Ripe outside—checks "Pitta" and is very sweet. Hence it is not desirable to take ripe mangoe fresh from the tree but after it is kept for a day or two after plucking.

Ripe after kept—very appetizing, palatable, strengthening, vitalising, light of digestion, cooling, checks "Vayu" and "Pitta," laxative.

(*e*) *Ripe Mangoe juice*—strengthening, heavy, checks Vayu, laxative, palatable, increases "Kapha."

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When taken with milk—improves complexion, sweet, heavy, cooling, checks "Vayu and Pitta," palatable, strengthening and nutritious.

When dried (*Am-satta*)—light, checks thirst, vomiting, checks "Vayu-Pitta," palatable and laxative.

(*f*) *Seed* (*stone*) *of mangoe*—astringent, checks "Kapha" and diarrhœa, slightly acid and sweet, checks acidity.

NOTE.—When mangoe is taken *in excess* it causes indigestion, fever and blood disease, constipation, acidity, which must be checked by antacids with carminatives.

(2) *Amra* (spondias mangifera)—slight acid, checks "Vayu," heavy, heating, palatable, increases "Kapha", soothing, produces tympanitis, strengthening, good in Vayu and Pittta diseases, ulcer, burning, wasting and blood diseases.

(3) *Kantal* (Jack fruit)- cooling, soothing, palatable, sweet, increases muscular tissue, increases "Kapha", strengthening, checks "Vayu and Pitta", ulcer, hæmatomesis.

Unripe (*Enchar*) produces wind, deranges "Vayu", of sweet astringent taste, heavy, induces burning, strengthening, increases Kapha and marrow.

Seed (*Kantal-bichi*)—sweet, heavy, constipating, increases urine, checks "Tridosha," can be used by certain diabetics, to be avoided by persons of weak digestion.

(4) *Kala* (plantain)—sweet, cooling, checks *vayu* and "Kapha", heavy, soothing, checks hæmatemesis, burning, waste and "Vayu."

If ripe—palatable, nutritive, checks appetite and thirst, good in eye disease and urethral disease.

(5) *Narikel* (cocoanut)—cooling, difficult of digestion, clears the rectum, produces wind, strengthening and nutritive, checks burning, "Vayu and Pitta" and good in blood disease.

Narikel, "Neyapati" (soft and unripe)—checks Pitta.

Do. "Jhuna" (ripe)—heavy, increases Pitta and produces wind.

Narikel-Water—cooling, palatable, appetizing, light, relieves thirst, checks 'Pitta', sweat and clears rectum.

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"It is soothing in pain of acid dyepepsia if taken just after food, a good refrigerent in febrile diseases, very good in obstinate hiccough, specially when taken iced, soothing in thirst of cholera, a good diuretic (L. Ghosal).

(6) *Tal*—(palm)

Ripe—increases "Pitta and Kapha", deranges blood, heavy of digestion, diuretic.

Talsash (inside of seed of unripe fruit)—light, increases "Kapha", checks "Vayu-Pittya", soothing, sweet, laxative.

Toddy (fermented juice) checks "Vayu", increases "Pitta", very intoxicating.

(7) *Khejur* (Dates)—sweet, cooling, soothing, palatable, digestive, good food, heavy of digestion, checks "Pitta," nutritive, produces wind, strengthening, checks vomiting, "Vayu-Kapha" Fever, diarrhœa, thirst and hunger.

Fermented juice—intoxicating, deranges Pitta, checks "Vayu-Kapha", appetizing, palatable and strengthening.

NOTE—"*Methi*" (pith) of cocoanut, palm, dates, etc., are sweet, astringent, soothing, nutritive, and heavy.

(8) *Tarmuz* (Melon) :—

Unripe—cold, heavy, bad for eyes, astringent, checks "Pitta".

Ripe—slightly heating, alkaline, checks "Vayu-Kapha" but increases "Pitta."

(9) *Kharmuz* (Musk melon)—diuretic, strengthening, laxative, heavy, soothing, sweet, cooling, checks, "Vayu-Pitta."

(10) *Sasa* (cucumber) :—

Unripe—light, sweet, checks thirst, burning, and "Pitta".

Ripe—acid, heating, increases "Pitta", checks "Vayu-Kapha".

Seed—diuretic, cooling, drying, checks Pitta and blood disease.

(11) *Supari* (areca-nut)—heavy, soothing, drying, astringent, checks "Kapha-Pitta", appetizer, produces good taste in mouth.

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(12) *Bael* (Oegle marmelos) :—

Unripe—astringent, checks colic, Vayu, Kapha and mucous, appetizing, digestive, bitter, pungent, astringent, heating, light and soothing.

Ripe—heavy of digestion, deranges Tridosha, produces wind, but checks the foul smell of wind in intestine and evacuates it, sweet, checks appetite.

NOTE.—Ripe friuts are always better except "Bael" which is better unripe. Dried Bael, grape (as raisin) and myrabolan are better than fresh ones.

(13) *Kayat Bael* (Wood-apple) :—

Unripe—light and astringent.

Ripe—heavy, relieves thirst and hiccough as also Vayu and Pitta, acid and astringent, clears throat but difficult of digestion.

(14) *Kamla Nebu* (Oranges—Citrus aurantiacum) :—

If slightly acid and sweet—good appetizer, checks Vayu.

(15) *Narangi Nebu* (Citrus aurantiacum)—slightly sweet, more acid, heating, indigestible, laxative but checks "Vayu".

(16) *Gônra Nebu* (Citrus acida)—heating, heavy, acid, checks "Vayu-Kapha", colic, vomiting, thirst, mucous, bad taste in mouth, palpitation, worms, and improves digestion. Lemon-juice is prepared from it.

Lemon-juice is cooling, refriegerent, stomachic, useful in dypspepsia, indigestion, vomiting, thirst, burning of body, alcoholism. Fresh juice is recommended in evening for relief of dyspepsia with vomiting. Lemon-juice enters into the composition of several carminative medicines in Ayurveda.

(17) *Pati Nebu* (2nd variety of Citrus acida) is much used as a sauce. A pickle of "Pati Nebu" and salt known as "Jarak Nebu" is a popular and effective medicine in indigestion with want of appetite.

(18) *Kagzi Nebu* (3rd variety of Citrus acida).—It is acid, checks "Vayu", very good appetizer, digestive, light, anthelmintic, pungent, good in colic and "Tridosha". It is distinguished from (17) by its size and flavour.

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(19) *Taba Nebu* (Citrus medica)—sweet, acid, appetizer, light, checks hæmatemesis and thirst, clears throat, tongue and palate.

(20) *Mitha Nebu* (sweet variety of Citrus medica).—It is sweet, palatable, cooling, heavy, good to check hiccough, giddiness, etc.

(21) *Karanja* (Carissa carumdus)—acid heavy, checks thirst, heating, palatable, light, checks "Vayu-Pitta".

(22) *Mahua* (Bassia Latifolia).

Flower— sweet, cooling, heavy, strengthening, checks "Vayu Pitta".

Fruit—sweet, cooling, heavy, strengthening, checks "Vayu-Pitta".

(23) *Gab* (Peach plum) Diospyros Discolor—

Unripe—astringent, deranges "Vayu", cooling and light.

Ripe—sweet, heavy of digestion, checks "Pitta and Kapha"

(24) *Golapjam* (Rose apple)—Sweet, heavy, palatable, produces wind.

(25) *Kalajam* (Indian blackberry) :

Astringent, drying, checks Kapha and Pitta, burning, reduces sugar in Pitta (or adrenal form of) diabetes.

(26) *Jamrul* (star apple)—Soothing, relieves thirst.

(27) *Narikel-kul* (Long plum)—Cooling, laxative, heavy of digestion, checks thirst and "Pitta".

(28) *Patnai-kul* (Large round variety of Plum)—astringent, appetizing, heating, aggravates, "Tridosha" and heavy of digestion.

(29) Wild (small-round) variety of Plum :—astringent, acid and bitter taste, heavy of digestion, checks "Vayu and Pitta".

Dried plums—laxative, appetizing, light, relieves thirst.

(30) *Lotus seed*—cooling, sweet, bitter and astringent taste, heavy of digestion.

NOTE :—*Makhana* (Euryale ferox) and *Paniphal* (Trapa Bi-spinosa) have similar properties. Bread prepared from starches of Lotus seed, Makhana and Paniphal are lighter of digestion than that prepared from wheat.

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(31) *Phalsa* (Grewia Asiatica.)

Unripe—acid and astringent taste, light of digestion, increases "Pitta".

Ripe—sweet, cooling, produces wind, palatable, checks "Vayu and Pitta."

(32) *Tunth* (mulberry.)

Ripe—heavy, sweet, cooling, checks "Vayu and Pitta".

Unripe—heavy, laxative, acid, heating, aggravates "Pitta".

(33) *Bedana* (*Pomegranates*)—3 varieties had been described.

Sweet—checks "Tridosha", palatable, light, slightly astringent, soothing, relieves thirst,

Sweet but slightly acid—appetizing, palatable, light, deranges "Pitta" slightly.

Acid– checks "Vayu and Kapha", deranges "Pitta."

Pomegranate-juice—its fuel value is 4 times that of meat juice, is quickly absorbed and the carbohydrate readily changes to sugar; is good in fevers due to the phosphates it contains.

(34) *Grapes.*

Ripe—laxative, cooling, good for eyes, heavy of digestion, sweet, astringent, appetizing, relieves thirst in fever, jaundice, giddiness, hæmatemesis, etc.

Unripe—heavy of digestion, acid, deranges "Pitta, and Kapha" and blood.

Dry (Raisins)—heavy, checks, Kapha and Pitta.

(35) *Badam* (Almond)—heating, heavy of digestion, checks "Vayu," increases "Kapha" and semen.

(36) *Seophal* (Apple)—checks "Vayu and Pitta", increases "Kapha" heavy, sweet, cooling and appetizing.

(37) *Naspati* (Pear)—light, palatable, checks "Tridosha."

(38) *Akrote* (apricot)—Like almond checks "Vayu-Pitta."

(39) *Kamranga* (coromandal gooseberry)—cooling, astringent, sweet, acid, checks "Vayu" and "Kapha."

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(40) *Tentul* (Tamarind.)

Unripe—acid, heavy, checks "Vayu", deranges "Pitta and Kapha."

Ripe—appetizing, drying, laxative, heating, checks "Vayu-Kapha."

(41) *Chalta* (Dillenia speciosa)—sweet, acid, astringent taste, produces wind, heavy of digestion, cooling, checks "Pitta" and "Kapha", diminishes secretion of urine and fœces, clears the taste.

(42) *Nona* (Anona Reticulata)—drying, acid, increases "Vayu".

(43) *Bonch*—checks "Tridosha."

(44) *Pesta* (Pistachio nut)—heavy, heating, soothing, sweet, strengthening, checks "Vayu", deranges Pitta and Kapha.

ANALYSIS OF SOME FRUITS.

Name.	*Proteid*	*Carbohydrate*	*Fat*	*Salt*	*Water.*
Mangoe	1·2	Starch 17·58, Glucose 5·9, Other seyer 11·63	0·76		
Jack fruit seed	13 14	31·20	1·98		
Cocoanut water	0·62	6·2	...	Chlorides 0·55	
		Specific gravity 1025-27			
		Reaction—acid			
Bedana (sweet)	0·93	7 5	...	...	...
Do. (acid)	0·61	6·5	...	...	...
Grape	0·59	24·36	...	0·53	74·52
Apple	0·39	7·73	...	0·31	83·5
Pear	0·36	8·26	...	0·31	83
Peach	0·65	4·48	...	0·69	80·03
Strawberry	1·07	6·28	...	0·81	77·66
Raspberry	0·53	3·95	...	0·49	86·21
Mulberry	0 36	9·19	...	0·66	84·71
Gooseberry	0·47	7·03	...	0·42	85·74

ANALYSIS OF SOME OTHER FRUITS IN GRAMMES.

Name	*Proteid*	*Carbohydrate*	*Fat.*
Blackberry	0·41	1·02	0·036
Phuti	0·39	1·1	trace.
Rose apple	0·37	1·4	0·012
Lichi	8·4	1·9	0·07

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Name	*Proteid*	*Carbohydrate*	*Fat.*
Kharmuja	0·59	1·9	trace.
Pineapple	0·27	1·1	trace.
Orange	2·4	3 4	0·6
Apricot	0·3	4·	...
Plum	0 03	4 1	...
Champa-kala	0·54	4·2	0 039
Kantali-kala	0 39	4·8	trace.
Cocoanut	1·1	6	16 8
Lemon	0·12	2·9	0·09
Fig	0 45	5·6	...
Pistachio (pesta)	6·6	4·8	16·2
Almond	6·3	5·1	16 5
Kismis	0·78	3·4	2·4
Dates (best)	0·72	20·6	0·57
Do. (country)	0·3	16·2	0·25

(K) SUGARS.

All sugars relieve burning and thirst, vomiting and fits, derangement of blood and "Pitta", relieves "Vayu" and are good for weak persons.

Sugar from juice of Duralava (Fegonia Arabica) is like cane-sugar except that it is slightly bitter.

ANALYSIS OF SUGARS.

	Carbohydrate	*Salt*	*Water.*
(1) Benares	94·48	0·02	3.26
(2) Purified (Danadar)	97	...	0·1
(3) Gur (molasses)	69·7	3·4	23·4

Varieties of 'Gur' (treacle).

Math Gur (fermented)—heavy, irrtates "Tridosha", causes flatulence but increases urine.

Purified Gur—produces marrow, blood, fat, muscle, "Kapha" and worms

Unpurified Gur—deranges "Kapha", promotes evacuation of wind and fœces.

New—produces "Kapha" and lessens appetite.

Old—very good.

To be continued.

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VEGETABLE MATERIA MEDICA.

—o—

THERAPEUTICS AND USES OF BHARGI

BY

VISHAGBHUSHAN KAVIRAJ A. C. BISHARAD, M. R. A. S. (LOND.)

SYNONYMS :—

SANSKRIT :—Bhargi, Surupa, Kasajit, Batari, Gardhavshak, Bhrigubhaba, Padma, Brahmanjastika, Brahmani, Kharashaka, Hanjika, Kasaghni, Anganaparni, Shukrameta, Kanji, Angarballi.

BENGALI :—Bamanhati, Brahmajasti.

HINDI :—Bharangi, Brahmaneti.

MAHRATTI :—Bharanga.

GUJRATI :—Bharangi.

KARNATAK :—Kirhadegu.

TELEGU :—Bhanta-marangi.

ASSAM :—Okalabeer.

NEPAL :—Chua.

TAMIL :—Shirutek.

MALAYALI :—Kanta-bharanni.

CEYLONESE :—Siritekku.

LATIN :—Clerondendron Siphonnanthus.

HABITAT :—This plant grows abundantly in Bengal, the Himalayan regions and the Deccan.

PARTS USED :—Roots-bark. I have used the leaves effectively as described below.

DOSE :—12 to 48 grains ; DECOCTION :—5 to 10 tolas.

PHYSICAL CHARACTERS :—The trunk is straight, devoid of branches or with small branches. The leaves are ranged on the

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Constituents :—starch, a peculiar bitter principle, acrid resin and fatty matter.

Actions and uses :—stimulant, tonic and alterative ; given in dyspepsia, catarrhal affection of the lungs, scrofula and rheumatism.—R. N. KHORY, P. II., P. 470.

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side of the trunk in rows of 4 each. They are long and narrow, the middle portion is deep yellow, the external is light green, the sides are wavy. The flowers just on opening are pure white and afterwards cream-coloured. The fruits are broad, grows on a coloured base, divided into 4 parts, each containing seeds like peas.

The following couplets describe the medicinal virtues of *Bamanhati* :—

भार्गी रूक्षा कटुस्तिक्ता रूक्षोष्णा पाचनी जयेत्।
शोथकासकफश्वासपीनसज्वरमारुतान्।

—*Madanpal.*

Bhargi is considered astringent, bitter, antacid, appetising, heating (stimulant) and digestive. It is useful in anasarca, bronchitis, cough, asthma, dyspnœa, nasal disorder, fever and *Vayu* derangement.

भार्गी रूक्षा कटुस्तिक्ता रूक्षोष्णा पाचनी लघुः।
दीपनी तुवरा गुल्म-रक्तानुन्नाशयेद् ध्रुवम्॥
शोथकासकफश्वास-पीनस ज्वरमारुतान्।
पर्णमस्या ज्वरं दाहं हिक्कां दोषत्रयं हरेत्॥

—*Bhabaprokasha.*

In addition to the properties detailed above it is described herein as light and stimulating appetite, and effective in curing cystic growths and scrofula. The *leaves* remove fever, heat (burning), hiccough and establish the lost equilibrium of the three *doshas.*

भार्गीतु कटुतिक्तोष्णा कासश्वासविनाशिनी।
गुल्मज्वरास्रग्वातघ्नी क्षय-पीनस-नाशिनी॥

—*Rajairghanta.*

भार्गी स्यात् स्वरसे तिक्ता चोष्णाश्वासकफापहा।
गुल्मज्वरास्रग्वातघ्नी यक्ष्माणं हन्ति पीनसम्॥

—*Dhanwantariya-Nighantu.*

भार्गी तु श्वासकासघ्नी—

Rajaballava.

Thus these authors endorse all the properties described above, but in addition affirm that it has a curative value in consumption. *Nighantu-Ratnakar* confirms its value as a febrifuge, and in curing burning sensation, hiccough and the three *doshas* (पर्णमस्य ज्वरं दाहं हिक्कां दोषत्रयं हरेत्)।

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In Asthma.

(1) Re/

Pulv. Root bark.
,, Dried ginger aa.
Mix with hot water and administer.

—*Charaka, Chikitsa. Chap. 21.*

(2) Re/

Pulv. Root-bark—12 grains.
Add honey a few drops and administer.

—*Shusruta, Uttara, Chap. 51.*

In Cough and Bronchitis.

Re/

Pulv. Root-bark.
,, Dried ginger.
Administer in hot water.

—*Charaka-Chikitsa, Chap. 22.*

In Hysteria and Epilepsy.

Prepare a decoction of the root-bark with milk and water. Add rice to the strained decoction and boil till well-cooked. A hog which has been kept in fast for three days is then to be fed on this preparation. If symptoms of poisoning appear in the hog, then you know that the rice is ready. Take three parts of this rice, vinegar 1 part and cold decoction of Bhargi 14 parts, mix and place inside a vessel till well-fermented. This wine is to be administered to the patient in proper doses.

Sushruta, Uttara, Chap. 61.

In Scrofula.

Re/

Prepare a paste of the root-bark with water and apply.

—*Chakradatta.*

In Asthama, Hiccough.

(1) Re/

हिक्कास्वासी पिवेद्भागं सविश्वसुखवारिणा ।
नागरं वा सिताभार्गी सौवर्चल समन्वितम् ॥

—*Chakradutta.*

Pulv. Root-bark.
,, Dried ginger aa.
Administer in hot water.

(2) Bhargi-Guda :—This is a confection prepared with a decoction of this root and the ten drugs called *Dashamula*, chebulic myrabolan, treacle and several aromatic substances. This is a standard prescription indicated in Asthma.

Bhargi Guda.

Bhargi root—12½ seers.
Dashamula or the ten drugs-total—12½ seers.
Chebulic myrabolan (Haritaki) 12½ seers.
(placed tied inside a cloth)
Water—150 seers.

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Gently boil on a fire in an earthen vessel till reduced to 37½ seers.

Then when cool, strain the decoction through a clean linen, and prepare a confection with the decoction and the boiled myrabolans, adding 12½ seers of old treacle, on a gentle fire. When the entire mixture assumes the required consistency take it off the fire and when cool, add to it 60 tolas of honey and the following aromatic drugs in fine powders, stir well, till properly mixed :—

Dried ginger, black pepper, long pepper, cinnamon, cardamom and the leaf of Iourus cassia (तेजपत्र), each 2 tolas, and carbonate of potash—4 tolas.

DOSE :—½ tola to 4 tolas of the confection and one myrabolan. Administer early morning on empty stomach with hot water.

INDICATIONS :—Severe asthmatic fits cough, and bronchial affections (five sorts of cough), piles, disinclination to food, tumour, looseness of bowels and consumption. It improves the voice, induces freshness of complexion and is an appetiser.

—*Bhabaprakash, Madhyakhanda, Swasadhikar—117-122.*

IN HYDROCELE, HAEMATOCELE, ETC.

The root bark prepared into a paste with barley water and applied as an external application reduces hydrocele, haematocele and elephantiasis of the scrotum.

—*Bangasena.*

IN BUBO.

The thin roots and branches of the *Bhargi* cut into pieces and taken internally cures the inflammations of the bubo.

—*Bangasena.*

IN CARBUNCLE AND POISONOUS ULCERS.

Bhargi leaves

Akanadi leaves—(*Pattha*—पाठा), main Root of *kantanatiya*—(Tandulyam—तण्डुलियम् the thorny variety) each one part prepared into a paste (mudlike) with water and applied over the seat of affection is a very efficacious and never-failing curative agent in all sorts of poisonous ulcers, sores and specially carbuncles. I have cured many such obstinate cases by continued application of the above remedy within a very short time. In carbuncles the sloughs gradually clear off and granulation is rapid and the cure is speedy and certain. This has been in my family for over five generations and I call upon my brother practitioners to try it, specially in cases where the prognosis is uncertain.

IN MARASMUS.

Prepare an oil in the usual process with a decoction and paste of the root in the usual proportions. This oil is used in massaging the whole body of children suffering from marasmus.

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RESTORATION AND DEVELOPMENT OF AYURVEDA

BY

DR. GIRINDRA NATH MUKHERJEE, B.A., M.D., F.A.S B.,

Author of Surgical Instruments of the Hindus, History of Indian Medicine, etc., etc.

(*Continued from our April, 1926 issue*).

I sent the following reply on the 25th September 1923 :

Reply

To

Major R. N. Chopra, M.A., M.D. (Cantab)., I.M.S.

Secretary, Ayurvedic Committee, Bengal,

School of Tropical Medicine, Calcutta.

Sir,

I beg to acknowledge the receipt of your letter dated the 1st September, requesting me to supply you with information on the question of restoration and development of the Ayurvedic system of treatment, and, in reply, I have the honour of submitting for the consideration of the Committee. the results of my individual experince on the subject

2. Before we enter into details of the various questions mentioned in your letter it may not be amiss, at the outset of an inquiry, to set out with a short description of the work done by our Government to resuscitate knowledge in the Ayurveda.

3. Dr. Buchanan, as quoted by Mr. Montgomery in his work "*The History, Antiquities, Topography, and Statistics of Eastern India*" 1807, states as regards the province of Behar: "Medicine is tought by several of the Pandits, some of whom also, although they are grammarians, practise the art." "Besides the Professors of Medicine, about 700 families of Brahmins, almost all of Sakadwipa, practise the art, and are the only Hindu physicians who possess anything like science, except three of the Medical tribes from Bengal, who have settled at Patna." The traditional

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system of training of Kavirajes which has lasted for many centuries in Bengal, has always been exclusively literary in character. The Vaidyas learn thir medical science mainly from books and from oral tradition from the *Gurus*—the learned physicians of the time who generally taught a number of students without fees. Similar practices still exist in the '*Tolls*.'

4. In 1811 Lord Minto recommended the establishment of Colleges at Nadia and Trihut with a view to the restoration of indigenous learning in Bengal under the management and control of the Government. The East India Act of 1813 authorised the Governor-General-in-Council to set apart a sum not less than one lac of rupees from the public revenue and spend it for the revival and improvement of Sanskrit literature and to the introduction and promotion of knowledge of European sciences amongst the people of the country. The Court of Directors pointed out that the Sanskrit language contain many excellent treatises on ethics, medicinal plants and drugs, astronomy and mathematics ; and they ordered that steps should be taken to induce the people to adopt modern improvements in sciences. The Court directed the Governor-General to submit proposals to give effect to the principles laid down

5. The Sanskrit College was opened on the first day of January 1824. This year forms a landmark in the history of education in India. The Calcutta Madrassa (1781) and the Hindu College (1817) had already been founded but at the personal expense of Warren Hastings and by public subscriptions respectively. The establishment of this College marked the first definite recognition by the East Indian Company of its responsibility for the education of the people. The purpose of the Institution was laid down in the famous Resolution of Government, dated 21st August, 1821 : "The Committee will bear in mind that the immediate object of the institution is the cultivation of Hindu literature. Yet it is in the judgment of His Lordship in Council a purpose of deeper interest to seek every practicable means of effecting the gradual diffusion of European knowledge." In this college, the "General Committee" decided to impart knowledge of medical science—European and Indian—to the students of Sanskrit College. In 1826 Dr. Tytler began his lecture on Medicine according to Western method, and Professors were appointed to teach Charaka, Sushruta, Bhava-Prakasa, etc. Classes for the Ayurvedic students were opened in 1827. The

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classes were well attended. The justly celebrated Pandit Madhusudan Gupta was a student of this class and learned the science according to both systems. He became one of the Professors entrusted with the teaching of the science. His students handled bones and dissected animals. We quote the words of Professor Wilson, the Oriental scholar, who examined the students of the Medical class : "The triumph gained over native prejudices is nowhere more remarkable than in this class, in which not only are the bones of the human skeleton handled without reluctance but in some instances dissection of the soft parts of animals performed by the students themselves." (See *Minutes of Evidence of the House of Commons on the Affairs of the East India Company*, 1832, page 994). In 1831, Dr. J. Grant began his lectures an Anatomy and Physiology, Diagnosis and Surgery.

6. In 1833 Lord Willian Bentinck, the then Governor-General of India, appointed a Committee for the revision of the whole question of medical education in Bengal. The Committee composed the following getlemen :—

Surgeon J. Grant, Apothecary General.
J. C. C. Sutherland, Esq., Secretary to the Education Committee.
C. G. Trevelyan, Esq., Deputy Secretary, Political Department.
Assistant Spens, Body Guard.
Assistant Surgeon Bramley, Marine Surgeon.
Baboo Ramcomal Sen.

In 1844, the Secretary to the General Committee requested Dr. Tytler about his opinion as to the advisability of adopting English as the medium of instruction, of teaching the students book on European medical science only, and of abolishing the Ayurvedic classes, as many doctors were of opinion that the students should be taught according to a definite system of medical study. Dr. Tytler was for the continuance of the system in vogue *i. e.*, European and Ayurvedic systems. The Committee worked for twelve months and Rev. Dr. Grant became its President. It was decided that English should be the medium of instruction, and medical classes in Sanskrit College and the Madrassa should be abolished. The final decision of the Committee was submitted to the Government in an elaborate report on the 20th October, 1834.

Dr. Tytler is better known to the public for his correspondence with Raja Ram Mohan Roy, occasioned by a passage in a letter of the Doctor, published in the *Bengal Hurkara* of the 30th May,

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1823, regarding the doctrine of Divine Incarnation It appears that the Doctor was completely silenced by the renowned Raja, under the pseudoname of Ram Dass.

By the famous Minute of 2nd February, 1835, Lord Macaulay declared on the definite victory of Western School as doctrine of Divine Incarnation. It appears that the Doctor was completely silenced by the renowned Raja, under the pseudonym of Ram Dass.

By the famous Minute of 2nd February, 1835, Lord Macaulay won the definite victory of the western School over the Orientalists. Rev. Dr. Duff and his Anglicist party decided that English should be the medium of instruction, against Dr. Tytler, the Superintendent of the 'Native Medical Institution,' which was founded by Government in 1822 and in which it was found practicable tho teach Bengali students the modern science of medicine through the medium of the Bengali language.

The Committee prefaced their recommadations thus : –

" The scheme of reform, too, we would especially submit to your Lordship, ought to be ample, comprehensive, and worthy of a great Government, not intended merely to supply the wants of the state, but of the people, and to become, what it may confidently be expected it will, a moral engine of great utility and power."

7. The Medical College of Bengal was established on 20th February, 1835, with Dr Bramley as the Superintendent and H. Goodeve as his assistant. The Government ordered on the 28th January, 1835, abolition of Native Medical Institution and the medical classes in the Sanskrit College and the Madrassa. Pandit Madhusudan was transferred to the new College and had two assistants assigned to him. The question of dissection of the human body was found to be a stumbling-block to the progress of the students in Anatomy, and the Pandit showed his manly courage in defying the time-honoured prejudices of his countrymen by his dissection of the cadaver on the 10th January 1836. This date marks a new era in the history of Western education in India. Opinions differ as regards the exact date. Some say that on the 28th October, 1835, four young Hindus (Madhusudan being leader of them) dissected a cadaver.

8. The study of the Ayurveda gradually came to an end by the establishment of the Medical College, where European medicine began to be studied with enthusiasm. No attempt has been made by the Government since then to revive the study of the Indian

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medical science, although the science is still studied by many in Bengal and elsewhere :- the torch of light has been kept burning by the zeal and the scientific spirit of the poor physicians without any help from the state which has done so much in educating the Indian youths in other branches of learning. The scientific men in the Indian Medical Service, trained in the most up-to-date methods of the West, naturally thought the study of the modical science of the Hindus mere waste of time, and the Kavirajes confident of getting no encouragement from a foreign Government kept themselves aloof from the modern scientific world ; even they looked with a suspicious eye towards any interference by the State in shape of improvement in the various branches of the science. It is for this reason that you have received so scanty response to your very important Questions which you circulated amongst many distinguished Kavirajes of Bengal.

9. As regards the need for restoring and developing the system on scientific lines to suit modern requirements, I take the liberty of referring you to the *Introduction, P. 67—157, in Vol. I.* of my work on the *History of Indian Medicine*,' recently published by the Calcutta University. Apart from questions of academic and historical interest which the study of the Ayurveda may solve, there is a practical side of the study which we cannot ignore. It can be said without fear of contradiction that medical aid, as at present available, does not meet the requirement of the rural population in Bengal. There is a steady and increasing demand for medical men, of somewhat lower standard than that of the Sub-Assistant Surgeon, —medical men of a type similar to the old type of the Native Doctor, as the income of a doctor in a village is not attractive to the highly trained Assistant-and Sub-Assistant Surgeons. The spread of education will increase the urgency for trained men, and as the Medical Colleges and the Medical Schools are full, rather overcrowded, it is the duty of the civilised Government to provide for this increasing demand of the population Medical Schools may multiply but the Medical Colleges take time to develop; and the cost of establishing such institutions is almost prohibitive. The deed for qualified physicians for rural districts may be met with in three ways :—

1. The establishment of Vernacular Medical Schools : A similar institution once existed in Bengal. In 1832 an additional Urdu Class, an in 1852, a Bengali Class were opened for instruction of the students. The qualified students from such schools were called

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"Native Doctors." Such doctors would have to compete in the practical field with the Graduates of the Medical Colleges, the Licenciates of the State Faculty and the Hospital Assistants from Medical Schools maintained by Government. The Native Doctors died a natural death long before, and the repetition of the same experiment would give us the same result.

2 By an increase in the number of students in the existing Medical Schools we may increase the number of the Hospital Assistants The Medical Schools are at present over-crowded, and new institutions must be established to cope up with the increasing demand. Apart from the cost of maintaining such schools by the State, the villagers in the rural areas would not be able to satisfy these trained doctors who consider their services too valuable for the poor.

3. We may avail of the services of the Ayurvedic physicians trained in a scientific way. With the establishment of the Ayurvedic College, knowledge of such physicians may be inproved by modern methods of teaching medical sciences. It is useless to deny that still the Ayurvedic system of treatment has much influence over educat d Indians who are fully aware of the immense benefit of the Western methods of cure. I need not enter here as to the cause of this strange mentality of the Hindus. But so far I am sure that the people of the rural areas would consider it a blessing if they can secure the service of scientifically trained Kavirajes whose charges for treatment would be deemed reasonable by the public and who will be satisfied with their comparatively smaller earnings.

9. The importance of the Ayurveda :—The methods of treatment according to the Ayurveda are called empirical. But the so-called empirical mehods of treatment were founded on experiments, observations and experience which extended over many centuries. Even some of these observations have been declared by competent authorities to be reliable. About the importance of the subject, I have dealt with it in *'The Conclusion,' Chap. IX* of *Vol. I* of my contribution on *"The Surgical Instruments of the Hindus,"* published by the Calcutta University in 1913, and I again take the liberty of referring you to its pages 329, 362. Here I may mention a few examples of our indebtedness to the indigenous system : The use of the salt-free diet in the treatment of the dropsical affections, the use of salt in the treatment of cholera, liquid food in typhoid fever, in which even milk is withheld, cooling regimen in small-pox

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and measles as advocated by Sydenham, the importance of Pael and Kurchi in dysentery, the use of prepartions of mercury, iron and arsenic internally, use of Neem and Chalmugra oil in leprosy, musk and makaradhwaja as stimulant, and other medicaments too numerous to mention. In the fields of surgery, obstetrics, pathology, and hygiene, we come across observations which, if known earlier, would have saved the labour of scientific men to an appreciable extent. The use of various cooling oils in the treatment of nervous disorders should be scientifically investigated, as there is a deep-rooted belief in the Indian minds that we scarcely possess any curative agents which are equally efficacious.

10. I may here point out that all sections of the Hindu community take advantage of the Ayurvedic system of treatment. The Hindu widows, as a rule, prefer the indigenous medicines and object to taking medicines imported from the west. The old men and patients suffering from chronic diseases show a decided bias towards the medicines prepared by the Vaids. The Bengali Mussalmans also use medicines prescribed by the Kavirajes. The educated Indians firmly believe that the Indigenous medicines which are generally freshly prepared act better on the constitution of the native population than the medicaments of the British Pharmacopœia imported from Europe.

10. As regards the methods for restoring and developing the system of medical treatment opinions differ. But the majorty of those learned men who have bestowed any thought on the subject consider the following items as the principal methods of popularising the study of the Ayurveda.

1. The establishment of a Central College of Ayurveda, managed under Government control or under a Board of Ayurvedic Study under Government supervision. The subjects must be taught according to modern scientific method.

2 Establishment of hospitals for the treatment of patients according to Ayurvedic system.

3. Foundation of charitable dispesaries in rural areas for the treatment of the poor people.

4 Foundation of a scientific Library for the use of the students, professors, and practitioners of the healing art. In such a Library not only books on the Ayurvedic system be collected and catalogued, but also books dealing with the cognate sciences of medicine and other methods of treatment should be available.

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5. Translations of Sanskrit books and manuscripts into English should be encouraged, for then only can we expect healthly criticism from the savants of the world.

6. The text books as read by the students of Ayurveda require to be recast and re-edited to suit our modern conditions of life. The Ayurvedic system suffered many viciseitudes, and text books were compiled and edited to suit the changed conditions of life. During the Vedic period the vegetable simples only were used and its literature is scattered in the Atharva Veda and in the Ayurveda which is lost to us. In the Pre-Buddhist period Agnivesa and Susruta wrote their treatises which were recast by Charaka and Nagarjuna. Caraka's edition was again improved and enlarged by Drdhvala during the Pauranic period. The Charaka Samhita, as we find it in its present from, is a systematic treatise by different physicians in different times. Lastly came the Rasa Granthas, the chemico-medical texts of the physicians of the Intro-chemical school, who began to cure diseases by means of mineral drugs of which mercury was the most commonly used. Bhava Misra wrote his compilation, a voluminous work, the Encyclopoedia of Hindu Medicine some 350 years ago, in which the author boldly advocated many new drugs of foreign origin and described many new diseases unknown to former authors. This proves that the Kabirajes are not unwilling to improve themselves as regards new innvovations in the methods of treatment and inclusion of new diseases and new drugs not hitherto mentioned in their works.

7. Exhibitions of drugs, appliances, the actual methods of preparation of medicines requiring technical knowledge, the methods of collecting, sorting medicines, and various articles of interest to the physicians in their daily practice may be held to stimulate curiosity and investigation in a scientific spirit.

8. Popular lectures dealing improvements in hygiene and cognate sciences illustrated by lantern slides, pictures and drawings to elucidate the subject.

9. Therapeutic garden : Vide infra.

10. Museums : the importance of a museum in teaching a scientific subject has been recognised by eminent authorities, and our space forbids any detailed description of a museum for medical studies.

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For the role played by the library, exhibitions, and museums, and popular lectures, I take the liberty of referring you to *Vol. I of "History of Indian Medicine," pages* 138-169.

11. The establishment of teaching institutions : It is absolutely essential that a Central College maintained and recognised by the Government for the teaching of the Ayurveda be established in Bengal without further delay In the College, provisions should be made for the study of the various sub-divisions of the Ayurveda, namely medicine, surgery, midwifery, children's diseases, pathology, materia medica, anatomy, physiology, hygiene, medical jurisprudence, and the elementary sciences, *viz.*, biology, physics, chemistry, according to the modern scientific methods.

Tolls : The system now in vogue, *viz.*, the students learning the science of medicine from individual teachers or *Gurus* has, no doubt, much to be said in its favour. Such a system has all the advantages of a residential university and is well adapted for teaching literary subjects in a poor country. But teaching of subjects which require manual dexterity from the votaries must fail in its objects if learned in theoretical lectures only— no matter how eminent the professor or lecturer may be The college should be the central institution where the students from these indigenous *tolls* should attend to complete their studies. They must attain the practical classes which can only be arranged in a college fitted with laboratories for the different subjects prescribed in the curriculum of studies. At present the *toll* system may be retained, and as in Sanskrit education we have the Sanskrit College and the Tolls the duel system of study may followed for a time. But it must be, however, clearly borne in mind that sooner the Toll system of medical education be stopped, the better.

There are, no doubt, considerable difficulties to surmount. Instructions are to be delivered in a foreign tongue in the college to students full of prejudices and of inactive habits. The lecturer shall have to teach, and translate. He shall have to create a demand for medical and surgical skill, where there was felt no want for them. The pupils, on the other hand, cannot be very enthusiastic ;— their prospect in life distant and somewhat indefinite. In private practice, they shall have to fear ridicule and opposition from the Graduates of the Medical Colleges and Licenciate from the Medical Schools who may vaunt for their superior knowledge. There are no text books suited to modern times : such books must be written in English and vernacular. The preliminary education acquired

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by the students who intend to prosecute their studies is far from satisfactory, the level of their general knowledge is too low for the super-structure of medical sciences. But by zeal, energy and devotion to work progress can be made, and ultimately success may be achieved

12. *Hospitals.*—No medical institution is complete without hospitals. A complete knowledge of diseases can only be acquired in the wards of a hospital. It is at the bed side of the patient, and not from books, that the practical application of medical studies can be mastered, clinical knowledge gained, observation on diseases made and the methods of cure studied. As the system of teaching now stands, students attend to the preparation of the medicines and thus learn pharmacy and materia medica practically. They attend to the patients who come in numbers to the dispensary of their teacher and thus learn diagnosis and treatment. But surgery cannot be learned without a hospital, and we have evidence that in ancient times and even at comparatively recent times the Ayurvedic surgeons practised their art in hospitals. I may mention here that the Chandsi doctors, who still carry a lucrative trade in Calcutta, are in the habit of keeping patients at their own cost and thus acquire skill in performing certain surgical operations, *e.g.* piles and fistula-in-ano. The Mols learn operation of contract in a similar way, and the Madrassi doctors become, as they say, experts in fistula operations.

13. *The location of the College and the Hospital*—To establish college and hospital, ample space must be acquired for class rooms, laboratories, and libraries. The problem of students' residence must be solved; residential hostels, houses for the staff and playing ground for the students must be provided The Principal requires a separate house to live in, and the Resident Surgeon and Physician must have quarters assigned to them. The acquisition of land in the centre of Calcutta is very costly. But it is not desirable, on many grounds, that the college is established in any rural area at a very great distance from the town The college may conveniently be established in a suburban site, preferably towards Tollygunge, or Chetla, or Alipore, where land is still available as required by the Government for the purpose. A college located in these places would be easily accessible to students who reside in Calcutta and its neighbourhood.

(To be continued.)

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MODERN TEST FOR METALS

BY

RAMESWAR SINHA AYURVEDABHUSAN,

Gopalpur, Muzaffarpur.

—o—

अर्वाचीन विज्ञानरित्या धातुपरीक्षामाह ।

—o—

प्रायशः मिश्रिता सर्वे दृश्यन्ते धातवः खलु ।
अतः रसोपयोगाय परीक्ष्यास्ते च यत्नतः ॥
आविर्भवन्ति विज्ञानात् भूता नवनवा इह ।
तेषु स्यात् क्लविमोदोषः परीक्षां कारयेद्बुधः ॥
विज्ञानेनैव धातूनां परीक्षा स्पष्टतो भवेत् ।
प्राचीनानामतो पूर्व्वं नवरीतिविलिख्यते ॥
कृतं वैज्ञानिके शास्त्रं प्रांसभानं स्वकर्म्मसु ।
शतांशमीटराख्यं वै मानमेकं वदन्ति ते ॥ Centimetre.
शताशमीटर प्रोक्तं वारिणि घनपूर्व्वकम् । Cubic centimetre.
शशिग्राममितं सर्व्वैराचार्य्यैस्तोलपूर्व्वकम् ॥ One gramme.
ग्रामत्वं वारिणस्त्वाहुरादिमानं भिषग्वरैः । Standard weight.
सत्वन्तं खल्विदं प्रोक्तं जातीयगौखाभिधम् ॥ Sp. gravity.
प्रथमं तोलयेद्धातुन् सूक्ष्मतोलनयन्त्रके (Chemical balance).
पश्चात् सूत्रेण वद्धाऽथ जलेक्षिप्ता च तोलयेत् ॥
लघुतरं जलात्यन्तु जले तरति हंसवत् ।
गुरुतरं च यद्वस्तु जले मज्जति सर्व्वथा ॥
निजशक्त्यानुसारेण प्रतिरोधं करोति वै । (जलेन प्रतिरोधं करोति)
स्वयमुच्चत्वमाप्नोति वस्तुमानं च ह्रासयन् ॥
स्वघनफलमावं हि जले स्थानं करोति वै ।
जलेनहसितं यत्तु तदेव अल गौरवम् ।
तेन पूर्व्वं विभक्तव्यं फलन्तु धातु गौरवम् ।
प्रणान्यकांदिमिजेतऽविष्कृता मुग्धबोधये ॥ (Acardemes).

प्रक्रिया १ (तोलन यन्त्रयोगेन)

सुवर्ण मानम् १२.३४० ग्राम (Gramme).
,, ,, जलेक्षिप्ता ११.७०१ ,, ,,
∴ जलस्य जानीयगुरुता (१२.३४०—११.७०१ = .६३८ ।
∴ सुवर्णस्य ,, ,, (१२.३४० ÷ .६३८) = १८.३ ।

प्रक्रिया २ (चिह्नाङ्कितनलेन) Graduated cylinder.

चिह्नाङ्कित नले जलस्योत्थानम् ४२.५ ग्राम पर्य्यन्तम् ।
,, ,, ,, सुवर्णेनसर ४३.१४ ,, ,,
∴ सुवर्णोत्थानम् (४३.१४ – ४२.५) = .६४ घन शतांशमीटम् ।
∴ .६४ घनशतांशमीटरस्य मानम् १२.३४० ।
∴ १ ,, ,, (१२.३४० ÷ .६४) = १८.३ ।

(*To be continued.*)

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Reports of Societies, etc.

—:o:—

Presidential address by the Hon'ble the Maharajadhiraja Bahadur of Burdwan in opening the Fourteenth All-India Unani and Ayurvedic Conference held at the Unani Tibbi College, Delhi, on Saturday, 6th March, 1926, at 9 A. M.

I thank you for the courtesy which you have extended to me during my short stay in Delhi this year by inviting me to preside over the Fourteenth All India Unani and Ayurvedic Confernce.

In modern times, whilst it cannot be denied that most of us are wedded to and enamoured of the Western system of medicine for the efficacy and relief that they give to our physical system, yet it has equally to be admitted that outside large cities or rural towns of some importance there are by no means good Hakims or Vaids to be had either for love or for money. It is on this aspect of the question that I wish to say something to you to-day.

Although the complaint of want of experienced medical hands in the Muffassil is a very old one, yet in view of the fact that in some Provinces in India, like Bengal for instance, where medical schools are being multiplied, greater facilities for rural tracts for a supply of qualified medical men are being given, the want is still there. Unfortunately we cannot say that the same facilities are being afforded or that the same energy is being spent for the propaganda of producing Vaids and Hakims to replace quacks and sometimes very dangerous quacks too, in places away from large cities. It, therefore, behoves this Conference to find out means for an organisation on sound lines.

We hear so much capital being made every day in interested quarters out of the communal difference between the two great communities in India that it is refreshing to one like myself—to whom a Hindu brother is just as much a brother as a Mahommedan—to find that in the field of medicine at any rate there can be no communal question, for the Hindus and Muhammedans alike believe in both the Unani and the Ayurvedic systems of medicine and consider that these indigenous systems of treatment, inspite of the great strides that Western medicine has made in this country, are not only suited to the physical requirements but also to the temperament of the bulk of these two communities, specially in Upper India.

I must, however, cry shy of the advocacy to adopt into these two systems European or American methods of improvement. I think it would be a dangerous experiment, and not only would it give facilities to

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habitual adulterants in this country to adulterate, like *ghee*, some of our indigenous drugs, but to prostitute these very ancient sciences themselves. I am, however, not averse to our starting research work within limited bounds or to examine carefully as to whether or not our stock of indigenous drugs could be revised and enlarged by such researches and through such an agency and to see whether good and at the same time inexpensive medicines relating to these two schools of medicine and suitable to the Indian climate could be put in the market for sale and consumption. Along with these, we shall have to consider how best the number of qualified Vaids and Hakims could be multiplied to replace the dangerous quacks to whom I have made a reference in the earlier portion of my speech.

It is quite true that without monetary assistance these schemes cannot bear fruition. But this Ayurvedic and Unani tibbi College in Delhi—in this City of many Memories, both glorious and sombre—is pre-eminently fitted to give an impetus to the scheme: and whilst it is difficult for the central Government to contribute towards a subject which in various Provinces happens to be a transferred one, I think if an impetus was given by the Delhi Government towards this College in Delhi, then it would be a direct encouragement to many of the Provinces in India where such medical men are badly needed to supply that very large want which the European systems of medicine are unable to do.

I have now much pleasure in declaring this Conference open, and thank you once more for the honour that you have done me by electing me your President. Although I regret that my public duties in Delhi will not enable me to stay on long either today or to come to your deliberations tomorrow and day after, I am indeed much gratified that such an opportunity was afforded to me to join you in these deliberations over the question of advancing and improving two of the most ancient and indigenous systems of medicine in India.

BUSINESS NOTICE.

All snbscriptions for renewals from July 1926 should be remitted so as to reach us by the 15th of July. The present V. P. P. system is costlier and hence subscribers will find it to their interest to remit subscriptions by M. O., V. P. Ps will be posted after the 15th of the month and those who intend to discontinue should inform us beforehand about their intention. The Table of Contents for the Second Year is in the press and will be posted with the July 1926 issue.

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Medical News and Notes.

AYURVEDIC AND TIBBI COLLEGES

To be started in Patna Next July.

PROVISIONAL PROSPECTUS.

The following press communique of the Government of Behar and Orissa in the Ministry of Local Self Government gives an outline of provisional prospectus of the Ayurvedic and Tibbi Colleges proposed to be started at Patna in July next :—

In response to a resolution moved in the Legislative Council in February 1924 to the effect that an Ayurvedic and Tibbi College should be established in the province, Government in the Ministry of Local Self Government convened a conference of "Kavirajes" and "Hakims" and after discussion, invited the members to submit proposals for the consideration of Government. Information, as stated in reply to a question in the Legislative Council in the August session of 1925, was also collected from other provinces as to the steps taken by them to improve and inculcate knowledge of the indigenous systems of medicine. Thus, in February 1926, Government was in a position to accept a resolution moved in the Council urging the establishment of teaching institutions.

It has now been decided to start two Colleges at Patna, one for Ayurvedic and the other for Tibbi to teach both practically and theoretically the indigenous systems of medicine and to supplement them by elementary instruction in anatomy, physiology, pathology, pharmacology, bacteriology, surgery and midwifery.

The provisional prospectus of the two institutions which will be opened in July next are published for general information.

1. Ayurvedic College Governing Body

A governing body of not less than seven and not more than eleven members nominated by Government and holding office for one year at a time will be responsible for the management of the institution.

Session.

The Session will commence in July and terminate in June.

Period of Training.

The courses of training will last for five years, *viz.*, 1st year, 2nd year, 3rd year, 4th year and 5th year.

Admission of Students

40 students will be admitted into the 1st year class every year, subject to their passing the Test Examination.

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Eligibility for Admission to the Test Examination.

(1) Those who have passed the Matriculation Examination from any recognised University.

(2) Those who have passed the Madhyama Examination in Sanskrit from any recognised institution.

(3) Those who have passed the Final Examination from any of the 1st grade Training School.

Test Examination.

A Test Examination will be held every year for selecting suitable candidates for admission in the following subjects :—

(1) Elementary knowledge of Mathematics
(2) Sanskrit
(3) Bhasha, and
(4) English

Preference will be given to those who pass in English.

Fees.

Admission fee will be Rs. 5/- and tuition fee Rs. 1/- per month in the 1st year class, and Rs. 2/- in the higher classes.

Examinations.

Examinations will be held each year of the first 4 classes and the students passing these examinations will be promoted to the next higher class. There will be a degree examination for the 5th year students each year, and the successful candidates will get the diploma of Ayurvedacharya.

Subjects to be Taught.

(1) Anatomy with elementary physiology (Sharira Shastra).
(2) Materia medica and therapeutics : (Dravyaguna Shastra),
(3) Chemistry (Rasa Shastra).
(4) Physic (Bhowtic Vignan).
(5) Hygiene (Swastha Vritta).
(6) Surgery (Shalya-shalakya Tantra).
(7) Pathology and Symptomology of diseases (Nidan and Vikrita Vignan).
(8) Mental diseases (Manas-Rogadhikar).
(9) Toxicology (Agada Tantra).
(10) Practice of Medicine (Kaya-chikitsa).
(11) Midwifery (Prasuti Tantra).
(12) Diseases of children and women (Kaumar bhritya).
(13) Prevention of diseases (Anagata bacha pratishecha).

Curricula.

First year— Anatomy with elementary physiology, materia medica and chemistry.

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Second year—Pathology and symptomology of diseases, materia medica, chemistry, hygiene together with the prevention of diseases.

Third year—Practice of surgery and midwifery.

Fourth year—Practice of medicine, diseases of children, mental disease, accidental injuries.

Fifth year—Taxicology, practice of medicine, outdoor practice and preparatiod of 'Rasayan'.

II. TIBBI COLLEGE.

Governing body—A governing body of not less then seven and not more than eleven members nominated by Government and holding office for one year at a time will be responsible for the management of the institution.

Session—The session will commence in the month of Idul Fitr and terminate in Shaban.

Period of training.—The course of study will last four years.

Not more than 40 students will be admitted in the first year class every year.

QUALIFICATION FOR ADMISSION.

(1) Those who have passed the Moulavi Examination of the Madrasa Board.

(2) Those who have passed the Matriculation Examination from any recognised University with Urdu as the vernacular subject.

(3) Those who may pass a Test Examination in Arabic and Urdu equivalent to the standard of the Maulavi and Matriculation Examination respectively.

FEES

Admission fee will be Rs. 5 and tuition fee Re. 1 per month in the first year class and Rs. 2 in the higher classes.

EXAMINATION.

Examinations will he held each year, and students passing at these examinations will be promoted to the next higher class. There will be a final examination after the 4th year on passing of which students will get a diploma of Tibbi.

SUBJECTS TO BE TAUGHT.

(1) Practice of medicine (Tibbi) (Tariq i-Elaj).
(2) Therapeutlcs (Tibbi—Moalja-maitadabir).
(3) Midwifery (Fan-i-Qabla)
(4) Physiology.
(5) Pathology.
(6) Diagnosis of diseases. Clinical lectures at the "Matab".
(7) Bacteriology.
(8) Pharmacology.
(9) Pharmacy and dispensary. Clinical lectures at the outdoor patient Department.
(10) Anatomy.
(11) Surgery.

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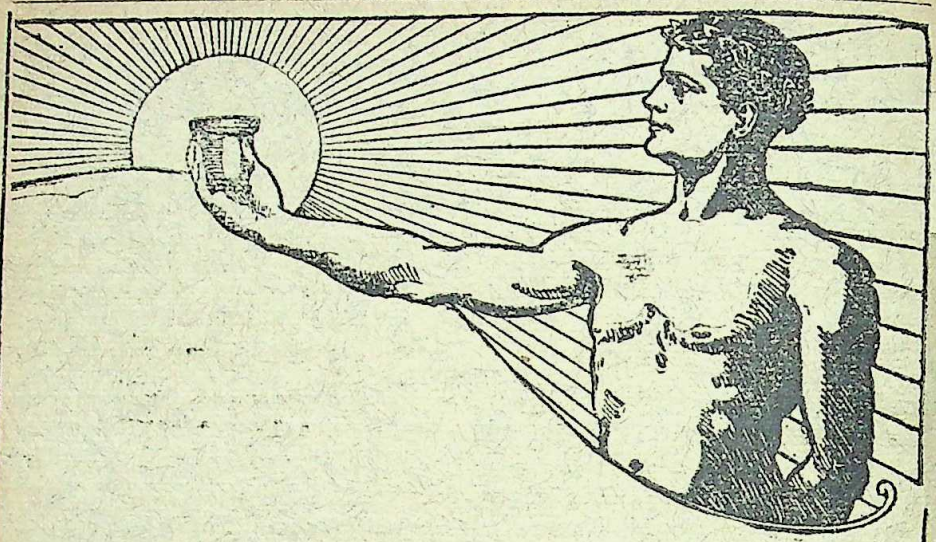
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Our New Year

With the current issue of the Journal, we ring in our new year. God pleasing, we hope to be able in the future to give our readers more efficient service in the shape of practical therapeutics and clinical cases so as to enrich their store of knowledge and strengthen their hands in their noble battle with disease and suffering. As we did not want them to carry on their humane warfare blindly, we have been attempting to give them a glimpse of the theories on which the Ayurvedic treatment is based. Some of our readers have accused us on this account of being too theoretical but we must once more remind them that such theories, as the theory of Tridosha, have a sound practical application which makes for real success and Ayurvedic treatment would lose its scientific character if the theories are not properly understood and applied.

To our colleagues trained in Western medicine, we have one word to say. After all, we are all gathering pebbles on the endless beach of the vast ocean that lies before us. Let us not brag and over-estimate our capacity. Let us not pelt at each other forgetting that we all live in glass-houses. Every conscientious physician feels that the exactitude of science in Medicine is yet far away from our reach. Where one has the power to judge impartially one can readily see that whilst the exponents of Ayurveda have been often rightly accused of being over-cautious and conservative, their colleagues

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of the West have often been running a mad race which has in numerous instances led them away from the right course, necessitating the abandonment of the ground, once believed to be won as unsound and insecure. Real progress has thus been attained in only a small measure though the din and bustle of the march has been deafening to the lay lookers on. In our humble opinion, the test of real progress in Medicine is the increased measure of relief that one is able to bring to suffering humanity. Unfortunately one is apt to forget this in the glamour of rich buildings and laboratories, especially when dogmas crowded in the brain and cloud the issue. We must therefore pray—do not neglect through false pride the vast treasury left to you by your worthy ancestors which to this day affords plenty of materials to give permanent relief when your so-called 'weapons of precision' fail to hit the mark. This is no idle talk but real fact.

In editing this Journal we have often been hampered for want of space and we much regret that it should have been necessary for us to devote space in order to defend the integrity of Ayurveda against the vile attacks levelled against it by our Western colleagues. We have felt keenly that honesty of purpose did not always guide their action. Like a certain class of gentry which wants the treasure but kills its possessor, they have been trying to smother Ayurveda and enrich themselves with its treasury, namely, the efficient indigenous drugs. But they forget that the possession of the mere tools will not accomplish the fine work of the artisan. Tropical Medicine will not be enriched by this exclusive and aggressive policy. The famous "Live and let live"—policy will after all serve them best and if they are unable to lend their helping hand to us, let them not show their mailed fist when the benign Government intends to open out their barred gates to us. The progress of Ayurveda means the progress of world-medicine and this is a fact

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which cannot be ignored by any sensible worshipper in the Temple of Medicine.

Fortunately the Governments of Madras, U. P., and Behar and Orissa have shown a kind attitude to Ayurveda. They have opened Colleges of Ayurveda and aided Ayurvedic institutions in their respective provinces. Bengal Government is still asleep and we do not know if you are to accuse the Hon'ble member in charge of the Medical portfolio of inertia and indifference (may be timidity) or to blame the wire-pulling that is going on against us in the charmed ring of the Indian Medical Service—or rather the European circle of that service. We expect to acquaint our readers with the facts in this connection in the near future which will show why Bengal, the great home of Ayurveda is threatened with neglect and indifference in medical matters much as she has been neglected and strangled in the political field. Whilst the pupils of the exponents of Ayurveda in Bengal chiefly man the Ayurvedic schools and colleges in other provinces, Bengal herself does not deserve to be thrown into the shade of neglect by her Government.

Before we conclude, we wish to notice the progress that is being made in the private Ayurvedic Institutions in Bengal—namely, the Ashtanga Ayurveda Vidyalaya and the Vaidyashastra Pitha. The former has now its own palatial building and is going shortly to open a fairly large indoor hospital. The latter is also doing its best and has made some progress. In Benares, the Hindu University has an imposingly large building with a hospital of 100 beds for Ayurvedic teaching. We only wish Pandit Madan Mohan Malaviyaji, the father of that University devoted more of his time to the University and less to politics. We believe in the famous saying of one of our leaders—"a subject nation has no politics" and once more pray that our leaders should pay their whole attention to nation-building works rather than to dreams of Swaraj and political fireworks in the

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Councils. People in all provinces, mostly perhaps in Bengal—are dying like flees. If we are to believe the statistics of the Anti-malarial Society, ten thousand people in Bengal alone die daily from the ravages of malaria. When the house is on fire, our first duty is to save it from falling into ashes. The medical need of Bengal should, therefore, be the foremost cry of leaders and the capabilities of Ayurvedic Medicine, well organised and sensibly utilised cannot be ignored by them or by the Government.

In this connection, we would draw the attention of the organisers of the All-India Ayurvedic Conference and its Standing Committee—which is held year after year in different provinces of India—to some of their shortcomings. The Conference is held in great pomp but the proceedings are seldom fully or timely reported in the newspapers. Nor are they formally sent to the Government of India or the Provincial Governments. The fault lies partly with the Ayurvedists and partly with the Associated Press or the Free Press. The founding of an All-India Ayurvedic College is also long overdue and all medical men should combine their efforts to acheive that object. We suggest that the Ashtanga Ayurveda Vidyalaya of Bengal should be subsidised both by Government and by the people of India. There should also be a representative control over it so as to make it the All-India Ayurvedic College. We hope our suggestion will receive due consideration in the hands of the Government and the All-India Ayurveda Mahamandal If the wish is there, the fruit will not be far off.

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Original Articles.

CLASSIFICATION OF AYURVEDIC HERBS

BY

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AND

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AYURVED BHUSHAN.

From Ayurvedic standpoint many classifications are given in different text-books, but they are somewhat difficult to follow for a modern medical man. The following is an arbitrary classification to just give an idea about the principal actions of the herbs. It must be made clear that this classification is not intended to be exhaustive.

I. *Herbs acting on the Nervous System.*

1. अहिफेन (Opium.)
2. कनक (Stramonium)
3. विजया (Cannabis Sativa)
4. विषमुष्टी (Strychnos Nuxvomica)
5. पारसीकय यवानी (Hyoscyamus Niger)
6. धत्तूर (Datura Stramonium)
7. ब्राह्मी (Herpestis monniera)
8. शङ्खपुष्पी (Evolvulus alsinoides)

II. *Herbs acting on the Circulatory system.*

A. उत्तेजक (Cardiac Stimulants)

1. वन पलांडू (Indian Squill or urgenea indica)
2. अर्जुन (Terminalia Arjuna)

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3. करवीर (Oleander Nerium odorum)
4. मद्य (Alcohols)

B. मांद्यकर (Cardiac sedative)

1. वत्सनाभ (Aconitum Napellus)

III. *Herbs acting on the Respiratory system*

A. कफनिःसारक (Expectorants)

1. वासा (Adhatoda Vasica)
2. कर्कटशृङ्गी (Pistacia lutegerrima)
3. शठी (Curcuma Zedoaria)
4. वचा (Acorus calamus)
5. अर्क (Calotropis gigantia)
6. कुष्ठ (Sanssurea lappa)
7. पुष्करमूल (Alpotaxis auriculata root)
8. भारिंगी (Clerodendron Serratum)
9. कटफल (Myrica Nagi)
10. तालीस पत्र (Abies wiebbiana)

B. श्वास शामक (Respiratory sedative)

1. मधुयष्टी (Glycyrrhiza glabra)

IV. *Herbs acting on the Alimentary system.*

A. वामक (Emetics)

1. राजिका (Mustard)
2. मदन (Randia Oumetorum)
3. देवदाली (Luffa achinata)

B. विरेचक (Purgatives)

(*a*) अनुलोमक (Laxatives)

1. बिल्व (Belæ fructus)
2. वृक्षाम्ल (Tamarindus)
3. आरग्वध (Cassia fistula)
4. एरंड (Ricinus communis)
5. स्वर्णमुखी (Cassia augustifolia)

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6. रेवंदचीनी (Rhubarb or Rhei Rhizoma)
7. कुमारी (Aloes)
8. अंजीर (Fig)
9. त्रिफला (Chebulic, Embelic and Bileric Myrobalans)
10. मधु (Honey)

(*b*) तीव्र विरेचक (Drastic Purgatives)

1. दन्ती (Croton tiglium)
2. कालादाना (Kaladanæ resina)
3. जलप (Jalap)
4. सेहुंड (Euphorbia resina)

(*c*) पित्त विरेचक (Cholagogues)

1. इन्द्र वारुणी (Citrullus colocynthis)
2. त्रिवृत (Ipomea turpethum)

C. उदर कृमिहर (Anthelmintics)

(*a*) गण्डुपद कृमि (Roundworms)

1. पलाश बीज (Butea Seeds)

(*b*) ब्रध्न कृमि (Tape worms)

1. कम्पिल्ल (Mallotus Philippinensis)
2. बीज मोठा कद्दू (Melon Pumpkin seeds)
3. विड़ङ्ग (Embelia)

(*c*) ग्रहणी कृमिहर

1. अजमोदा (Carum Roxburghianum)
2. यवानी (Carum Copticum)

D. पाचन औषधिये (Aids to Digestion)

(*a*) तिक्त पाचक (Bitters)

1. किरात तिक्ता (Swertia Chireta)
2. अतिविषा (Aconitum Heterophyllum)
3. नारंग त्वक् (Aurantii Cortex)

(*b*) दीपक (Carminatives)

1. शुंठी (Zingiber officinale)

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2. मरिच (Piper Nigrum)
3. पिप्पली (Piper longum)
4. चित्रमूल (Plumbago Zeylonica)
5. जीरक (Carum Carvi)
6. धान्यक (Coriandrum Sativum)
7 यवानी (Carum copticum)
8 अजमोदा (Carum roxburghianum)
9. शतपुष्पा (Anethi fructus)
10. मिदया (Anisi fructus)
11. हिंगु (Ferula asafoetida)
12. एला (Elettario cardamomum)
13. त्वक् (Cinnamomum Zeylonicum)
14. लवङ्ग (Cloves or Caryophyllus aromaticus)
15. गुलाब (Rose petals)
16. जंबीर (Limonis Cortes)
17. जातीफल (Myristica fragrans)
18. आकार करभ (Anacyclus Pyrethrum)
19. कर्पूर (Camphor)
20. पलांडु (Onion)
21. लशुन (Garlic)
22. तमाल पत्र (Cinnamomum tamala)
23. नागकेसर (Mesua ferrea)

E. ग्राही (Astringents)

1. कायफल (Myrica Nogi)
2. हरीतकी (Chebulic myrabolans)
3. खदिर (Acacia catechu)
4. बवूल त्वक (Acacia arabica)
5. धातकी (Woodfordia floribunda)
6. लाक्षा (Coccus Lacca)
7. कुठज (Holarrhena Antidysenterica)

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8. इन्द्रयव (Seeds of Holarrhena Antidysenterica)
9. लोध्र (Symplocos Racemosa)
10. मोचरस (Gum of Bombax Malabaricum)

F. स्नेहन तथा क्षोभहर (Emolients and Demulcents)

1. जैतुन (Olive oil)
2. बादाम रोगन (Almond oil)
3. अलसी (Linseed oil)
4. तिल (Sesame oil)
5. मूंगफली (Oil of Ground-nut)
6. ईसबगोल (Isaphagula)
7. मधुयष्टी (Glycyrrhezæ radix)
8. बबूल (Acaciæ gummi)

V. *Herbs acting on the Urinary system.*

A. मूत्रल (Diuretics)

1. गोक्षुर (Tribulus terrastrus)
2. पुनर्नवा (Boerhavia diffusa)
3. पंचतृण मूल (Five grass roots)
4. अपामार्ग (Achyranthus Aspera)

B. मूत्र कृमिहर (Urinary Antiseptics)

1. कबाब चीनी (Cubebs)
2. चन्दन (Santali oleum)
3. खस (Andropogon Squarrosus)

VI. *Herbs acting on the Uterus.*

1. कार्पासी (Gossypii Radicis Cortex)
2. अशोक (Saroca Indica)

VII. ज्वरहर (*Antipyretics*)

1. कुटकी (Picrorhiza)
2. रसांजन (Berberis)
3. निंब (Melia Azadirachta)

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4. वत्सनाभ (Aconite)
5. कलिहारी (Gloriosa Superba)
6. करंज (Pongamia Glabra)
7. तुलसी (Ocimum Sanctum)

VIII. बल्य तथा पोषक (*Tonic Herbs*)

A. General Tonics.

1. बला (Sidafolia)
2. मूसली (Curcubgo Orchioids)
3. शतावरी (Asparagus Racemosus)
4. अश्वगंधा (Withania Somnifera)
5. विदारी (Epomea digitata)
6. अष्टवर्ग (Eight tonic roots)
7. कोकिलाक्ष (Hygrophilo Spinosa)
8. मञ्जिष्ठा (Rubia Cordifolia)
9. चोबचीनी (Smelox china)
10. बंशलोचन (Silicious concretion of bamboo)
11. दशमूल (Ten roots)
12. द्राक्षा (Vitis Vinifera)
13. शाल्मली मूल (Root of young tree of Bombax Malabaricum).
14. बोल (Myrrh)

B. मेध्य (Nervine Tonics)

1. ज्योतिष्मती (Celostrus Paniculata)
2. तेजवती (Cardiospermum Holicacabum)
3. ब्राह्मी (Herpestis monniera)

C. Stimulants.

1. केसर (Saffron)
2. कस्तूरी (Musk)
3. जावित्री (Mace)
4. गोजिह्वा (Elephantopus Scaber)

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IX. *Herbs acting on the Skin* (त्वक)

1. चालमुग्रा (Chalmoograe)
2. स्वर्णक्षीरी (Argemon Moxicona)
3. हरिद्रा (Curcuma Longa and Barberry)
4. मण्डूकपर्णी (Hydrocotyle asiatica)
5. वाकुची (Psoraba corylifolia)
6. चक्रमर्द (Cassia olata)
7. मूलक्षार (Alkali taken from radish)
8. कुन्दरू (Olibonum)
9. गुडूची (Tinospora Cordifolia)

X. वातशूलहर ।

1. गुग्गलु (Balsamodendron Mukul)
2. देवदारू (Turpentine)
3. भल्लातक (Semicarpus anacardium)
4. सरल (Pinus longifolia)
5. तगर (Indian valerian)
6. जटामांसी (Valerina Jatamansi)

XI. शोथहर (*Relieving Inflammation*)

1. ताम्बूल (Betel leaves)
2. गुञ्जा (Abrus Precatorius)
3. शिग्रु (Moringa Pterygosperma)

It must be made clear that this classification is only an attempt to help the allopaths to be able to understand the herbs in their own allopathic terms.

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THE METHOD OF PULSE EXAMINATION ACCORDING TO AYURVEDIC SPHYGMOLOGY

BY

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(Continued from our last issue).

One should examine the pulse by three fingers in the leg below the internal malleolus and in the hand below the thumb.

(*d*) On the repetition of pressure on the pulse during examination.

(1) वार तयं परीक्षेत धृत्वा धृत्वा विमुच्य च।
विमृश्य बहुधा वैद्यः ततो रोगं विनिर्दिशेत् ॥
ना. ज्ञा. त (III. 4) ; ना. प्र. (II. 41) ; ना प (II. 29).

(2) नाडीशास्त्रं मनुष्याणां हितार्थं वैद्यपारगः।
अन्तःकरणजैर्भावैः आलोड्य च मुहुर्मुहु ॥
ना. नि. वै. (I. 4).

(1) The physician should examine (the pulse) thrice by touching, releasing and pressing in various degrees, and then should diagnose the disease.

(2) The science of Sphygmology is for the benefit of the people. The pulse should be examined by the able physician by striking it repeatedly with whole-heartedness.

(*e*) General statement including supporting the arm, bending it and examining the pulse in the wrist.

(1) विलसति मणिबन्धे गन्थिरङ्गुष्ठ मूले
तदधरनमिताभिस्त्राङ्गुलीभिर्निपीड्य।
स्फुरणमसकृदीक्षा नाडिकायाः परीक्षा
पदमणुगुटिकाधोऽङ्गुष्ठमूले तथैव ॥
इति नाडी पीडनक्रमः ना. प. (II. 28) 2 अनुघुटिका, ना. ख. (II. 14). 3 दस्या ना. प. (II. 24), and ना प्रबो (II. 36) ; ना. वि (II. 4).

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(2) विलसति.....मूले
तदधरमिलिताभिस्त्राङ्गुलीभिर्निपीड्य।
स्फुरणमसकृदस्या नाडिकायाः परीक्ष्या
पदमणुगुटिकाधोऽङ्गुष्ठभागे तथैव॥

ना. प. (II. 24).

The pulse beat should be examined repeatedly by pressing with the three unbent fingers (1) or by three fingers apposed to one another (2) below the place where appears a knot in the wrist at the base of the thumb. Similarly, the pulse should be examined at the root of the foot. [The artery of the foot is probably the *dorsalis pedis*, and the small tubercle referred to is that on the scaphoid or navicular bone].

(3) सव्येन पाणिना पूर्वं इतराङ्गुलिपूर्वकं।
निपीड्य तिशिरादीनां अङ्गुशाकृतिरङ्गुलि।
तयाङ्गुलाग्रैः परीक्षेत धमनी रोग मेदिनी॥

ना. नि. वे. (I. 4).

(4) सव्येन साचिरोगधृति कूर्पर भागभाजा।
पीड्याथ दक्षिण कराङ्गुलिकात्रयेण॥
अङ्गुष्ठमूलसंधिपश्चिमभागमध्ये।
नाडीप्रभञ्जनगतिं सततं परीक्ष्या॥

ना. प. नि. (II. 34) ; ना. वि. (II. 4) ; ना. प्र (II. 38) ; ना. वि. त. (III. 4) ; ना. प. (II. 18) ; ना. ज्ञा. शि. (III. 5).

(5) धृत्वा वामेन हस्तेन च लघियुजाकूर्परं रोगिजोङ्गः।
अन्येनालम्ब्य वैद्यः कलयित् धमनीमङ्गुलीत्रयेण॥
वामहस्तेऽङ्गनानां यदि च तदपरे हस्ते पुरुषाणां।
मूलाङ्गुष्ठस्य दतौमिव सुखासुखं देहजातं वदन्ति॥

ना. जी. (II. 8) ; ना. प. (II. 20)

(6) अङ्गुलीत्रितयेनैव परकाय विहारिणीं।
अङ्गुष्ठमूले संपीड्य पाणिभ्यां च भिषग्वरः॥
पाणिमालम्ब्य तु तस्य नाडीं सम्यग् विलोकयेत्॥

ना. वि. (II. 6).

(3) Having supported the hand of the patient with the left-hand, one should examine the pulse by three fingers bent like a hook. (The passage is very obscure, although the general significance is clear).

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(4) Having held the elbow region of the patient in a crooked manner (semi-flexed condition), one should always examine the pulse in the portion (of the wrist) behind the base of the thumb.

(5) Having supported the lightly-held elbow (that is, in a semiflexed condition without being forcibly extended) of the patient and having examined the pulse by three fingers after stretching out (the hand of the patient) by the other (hand), at the base of the thumb of the male in the right hand and of the female in the left-hand, one should give out the goodness or badness like a female messenger.

(6) The physician should carefully examine the pulse of the other by the hand, by pressing at the base of the thumb by three fingers after having extended his hand.

(6) एकाङ्गुलं परित्यज्य मणिबन्धे परीक्षयेत्।
अधःकरेण निष्पीड्य विभिरङ्गुलिभिर्मुहुः॥
लघु वामेन हस्तेन चालम्ब्यातुर कूर्परं।
स्फुरणं नाडिकायास्तु शास्त्रेणानुभवैर्निजैः॥

ना. प. (II. 20).

The pulse beatings should be examined by the lower hand (or lowered hand) according to the science and to one's own experience, by gently supporting the elbow of the patient in an extended condition by the left hand and pressing repeatedly in the wrist leaving one finger's breadth by the three fingers (of the right).

(7) ईषद्विनमत्कृत कूर्परभागभाजि
हस्ते प्रसारित कराङ्गुलिका वशेन[1, 6]।
अङ्गुष्ठमूलमधि[2]पश्चिम वामभागे[3]
नाड्याः प्रभञ्जनगते:[4] सतत परीक्ष्या[7]॥

ना. प. (II. 20); ना. वि (II. 4); ना. वि (II. 4, Gangadhara); 1, सदङ्गुलिसञ्चयेच 2, परि; 3, भागमध्ये, 4 नाडीं प्रभञ्जनवतीं, ना. प. (II 26); 5, वाम; 6, कराङ्गुलिसञ्चयेन, 2, परि; 7परीक्षेत्, ना. प्र बो (II. 36); ना. प. (II. 17) slightly different.

(8) ईषद्विनामित करं विततागुलीयं
बाहुप्रसार्य्यविहितं[2] परिपीडनेन।
अङ्गुष्ठमूल परिपश्चिम भागमध्ये
नाडी प्रभातसमये प्रथमं परीक्षेत्॥

ना. प्रका. (II. 41); परीक्ष्या ना. प. (II. 17); 2 रहितं—ना. प. (II. 29).

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(9) ईषद्विनमत्कारकं प्रसार्य्यायरवामभाग
हस्ते प्रसारितसदङ्गुलि मन्विकेच।
अङ्गुष्ठमूल परिपश्चिम भागमध्ये
नाडीं प्रभातसमये प्रहरं परीक्षेत् ॥
ना. प. (II. 29).

(10) ईषद्विनामितमये विनताङ्गुलि च
वाले निगृह्य करमामयिनो जनस्य।
पुंसेऽपसव्यमपि सव्य करेण पश्चै
न्नाड्यां च शश्वदपसव्याकरांगुलीभिः ॥
पित्तं समीरणमथश्लिकफं क्रमेण
ह्यंगुष्ठमूलत इति प्रवदन्ति वैद्याः।
नार्य्यास्तु वाममयसव्यकरेण धीरः
संगृह्य सव्यकरकांगुलिभिस्तथैव ॥
ना ज्ञा. त. (III. 4).

(11) प्राग्रस्फुतावहति वामकरे वधूनो
पुंसातु दक्षिणकरे तदियंतु परीक्षा।
ईषद्विनामितकरं विततांगुलीकं
हस्तं प्रसार्य्य रहितं परिपीडनेन ॥
ना. प. (II. 24).

(7) The movements of the pulse should always be examined by three fingers of the hand at the place behind the root of the thumb in the hand slightly lowered (hence flexed) at the elbow.

(8) One should first examine the pulse in the morning in the part behind the base of the thumb by pressing on the hand, slightly bent, with the arms extended (or not strongly extended) and the fingers extended.

(9) One should examine the pulse in the morning hours in the space behind the base of the thumb in (of) the hand, extended away from the other (left) side and with the fingers extended at the joints after having slightly lowered it (the hand).

(10) It is said by the physicians that one should examine the pulse of a male patient repeatedly by the fingers of the right hand for Vayu, Pitta and Kapha at the base of the thumb of his right hand, after having gently held it in a slightly flexed condition (or lowered position) with the fingers extended; in a female subject, the left hand should be examined by the left hand after having held it firmly by the right hand.

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(11) The pulse should be examined in the left hand in the female and in the right hand in the male by equally applied pressure after having extended it in a slightly lowered (or flexed) position with the fingers extended.

(*f*) Lastly we come to consider a passage which enumerates the different ways of feeling the pulse.

स्पर्शनात् पीडनात् घातात् वेधनात् सङ्गनादपि ।
तासु प्राणस्य सञ्चारं प्रयत्नेन विशोधयेत् ॥

ना. वि. त. (III. 2) ; ना. प्रबो. (II. 36) : ना. प्र. (II. 38).

One should carefully rectify the movements of life condition (that is any abnormality in the bodily condition as revealed by pulse examination) by examining the pulse by (i) touch (ii) pressure [Sankar Sen, in his own commentary, says that the pressure to be efficient is rather painful to the patient. But it more appropriately means that amount of pressure which is necessary to elicit the full force of the pulse wave] (iii) stroking, that is, alternately pressing and relaxing the pressure ; (iv) firmly pressing (so as to obliterate the pulse) ; (v) rolling the artery under the finger. [It may mean pressing the vessel along its length so as to empty it of the blood and estimate the condition of the wall of the artery.]

We may now recapitulate the method of pulse examination according to the Ayurvedic system of medicine. Keeping in view the statements of the various authorities we may describe it in the following terms : The physician and the patient should be seated in comfortable positions, preferably in the morning hours, facing each other. The physician then holds the right hand of the patient, if a male subject, by his left hand under the patient's elbow, supporting the hand of the patient in a semiflexed condition and in a lowered position. The hand of the patient should be stretched out towards the physician and the fingers should be extended. The physician now feels the pulse at the wrist, one finger's breadth behind the root of the thumb by his three fingers apposed to one another and exerting equal pressure. In the case of a female, he should support the left hand of the patient by his right hand and examine the pulse in that hand by his left hand. He should feel the pulse by touch, by exerting (gentle) pressure, stroking, pressing firmly and by rolling the vessel.

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We now compare the Ayurvedic methods with those of the modern Western System. For this purpose the best idea would be to quote some passages from the standard works on the subject.

We shall first quote from "The Pulse" by W. H. Broadbent (1890 , chapter III, p.p. 39—45.

"Three fingers should be placed on the artery, and it will not be amiss to observe the old fashioned rule of letting the index always be nearest the heart ; the different points with regard to the pulse should then be ascertained, each by a distinct and separate act of attention.

"The point first to be noted is the frequency—the number of beats per minute,—the regularity or irregularity of the beats as to time, and their equality or inquality in force. This is simple and easy.

"We should naturally wish, in the next place, to estimate the force or strength of the pulse....It will be well therefore, after counting the pulse, to give attention to the size of the artery. This varies greatly in different individuals, and may differ in the two wrists of the same person. It varies, again, greatly according as the muscular coat is relaxed or contracted. We have, then, as a preliminary to any further inference, to distinguish between congenital differences in the diameter of the vessels and variations induced by physiological or pathological influences. Now a large artery will communicate a more perceptible impression to the fingers placed lightly upon it than a small one, and the beat will seem more forcible. On the other hand, the pulse wave in a large artery can usually be arrested more readily by pressure, and the pulse is more compressible ; one mode of examination thus controls or corrects the other. When the artery is small, and especially when it is rendered small by contraction of its muscular coat, there appears to be little pulsation in it, and the pulse may easily be set down as weak ; but let an attempt be made to obliterate it by compressiou, and it often seems as if the pulse grew stronger as the pressure on the vessel increased.

"An important point to be investigated is the degree of constant pressure prevailing in the arteries. The constant intra-arterial pressure or pulse tension is manifested by the degree of fulness of the arteries between the beats. To determiue this, the artery must first be rolled transversely under the three fingers, or an attempt must be made to do so.

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"In a pulse of average tension the vessel only stands out, so as to be felt distinctly, during the actual beat, and subsides gradually or rapidly in the interval; it cannot, therefore, be rolled by the fingers at all periods though it may generally be distinguished with care between the beats, especially when the skin is thin and flexible.

"In a pulse of low tension the vessel can scarcely be said to be felt as such at all; it starts up with the beat, and is at once lost again when the brief wave has passed.

"In a pulse of high tension, on the other hand, the artery stands out among the structures of the wrist like another tendon, and can be rolled like a cord under the fingers, and followed for some distance up the fore-arm while the vessel is thus being rolled about, the pulsation in it may scarcely make itself felt, and the artery can often be seen distinctly, if the skin is thin, projecting on the surface, except where it is thrown into curves. Pressure, however, brings out the pulsation and develops its force.

"The character of the beat is another matter for study; and brief as is the period occupied by it, each pulse wave presents a rise, duration and fall. It may strike the finger suddenly or lift it deliberately; the distension of the artery may be momentary only, or it may persist for a time; the fall of pressure finally may be abrupt or gradual. For the most part, a sudden rise, brief duration and abrupt fall go together and constitute the short pulse of large arteries and low tension; while a gradual rise, persistent fulness, and slow decline are usually associated, and give the long pulse of contracted arteries and high tension. Exceptions, however, occur, and they are often of great significance- There may be a large vessel and sudden pulse, when the tension is relatively high, in cases of dilatation of the left ventricle; and a small artery, slowly and feebly filled, in extreme low tension with cardiac weakness.

"We are now prepared to estimate the strength of pulse. Three fingers are placed on the vessel, as is supposed to be the case from first to last. With that nearest to the heart, pressure is made till the wave is arrested so as not to be felt by the other fingers, or if necessary, two fingers are employed to extinguish the pulsation. In this way, by the degree of pressure required, and by varying the pressure with one, two, or all three fingers an idea is obtained of the forces with which the heart is propelling the blood onwards....."

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"Here reference may again be made to the statement, already put forward in the preceding chapter, that the pulse is not an actual expansion of the artery, but a resumption of its cylindrical form by the vessel, which has been flattened by the pressure of the fingers in the interval. It will render more clear some of the differences produced in the character of the beat by relaxation and contraction of the arteries—*i.e.* between low and high tension pulses.

"When the arterial walls are relaxed the lumen will be larger, and the mean blood pressure being lower, the vessel will allow itself to be more completely flattened between the beats.···Again, as has already been explained, the wave will pass more quickly, and the pressure will diminish rapidly.·· To the fingers the beat is sudden and vehement, but short and dicrotic, while between the beats the artery cannot be felt, or at any rate cannot be rolled at all under the fingers.

"Let the artery be contracted, and not only will the difference between its cylindrical and flattened state be less, but, the mean blood pressure being high, the vessel refuses to be flattened by moderate compression. The actual pulsatile movement is small and inconspicuous, and, not making much impression on the fingers, is often taken to be weak, unless and until the attempt be made to compress the vessel and arrest the beat, when greater the pressure employed the stronger the pulse seems to be.···To the fingers, the artery will be distinct between the beats, and capable of being rolled like a cord or tendon, and will not be easily compressed ; the beat will be felt to be gradual in onset and to last long, and, as already stated, if the fingers are lightly applied, it will be inconspicuous and apparently weak, while pressure will bring out its real vigour.

"I have spoken of the manoeuvre of rolling the vessel transversely under the fingers as a means of estimating the pressure and tension by which it is maintained in the cylindrical form. Another manoeuvre by which the state of the coats of the artery is ascertained is to carry the skin along it longitudinally with varying pressure ; curves in its course and bulgings in its walls are thus detected, and when the compression is carried so far as to include the blood, any inequalities of thickness and density in its coats which may exist are felt."

Although the above quotation contains many things which do not directly concern us in the present moment, they are of use in many respects. (*To be continued.*)

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FOOD IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh).

(Continued from our last issue).

——:o:——

Sugarcane juice—heavy, soothing, tissue-repairer, deranges "Kapha", promotes flow of urine, increases semen, cooling, relieves blood derangement, purifies "Pitta," laxative. The first part of the juice is a little salty. The impurities present in the machine used for extraction of juice, ferment it readily when it becomes heavy of digestion.

Sherbats—are cooling drinks prepared by mixing water with Gur or Sugar and several other ingredients. Just as Tea is the national drink of the Britishers, Sherbat is that of the Indians.

Sherbat are prepared from

(1) sugar—cooling, laxative, appetizing, light, sweet, checks "Vayu-Pitta", good in vomiting, thirst and burning ;

(2) mangoe—appetizing and soothing ;

(3) unripe mangoe—clears tongue and throat as also thirst, palatable, appetizer ;

(4) ripe tamarind—palatable, checks "Vayu" vititates "Kapha and Pitta."

(5) limes and lemons—checks Vayu, appetizer, palatable and digestive ;

(6) coriandar—checks Pitta ;

(7) whey—appetizer, digestive, soothing, checks flatulence and "Vayu".

Honey—is good for eyes, specially from lotus, good for boils, excites "Vayu," sweet, bitter, relieves thirst, "Kapha", hiccough, blood and "Pitta," urethral discharge, good in Leprosy, vomiting, cough, diarrhœa, respiratory troubles, loses its properties when heated—used with enema and emetics in Ayurveda.

COOKED FOODS.

A whole chapter is devoted to the various preparations of different food stuffs and their properties elaborately described.

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We will restrict ourselves to some of the commonest prepared foods.

(1) *Bhat* (Boiled rice)—appetizing, palatable, light ; if rice is not washed before cooking and the "marh" (decoction) not thrown away, it is more vitalising but somewhat heavy of digestion, increases "Pitta and Kapha", stimulates energy of the brain, produces wind and promotes flow of urine.

The late Dr. Indu Madhab Mullick stated that when the coarse grain is husked and boiled and then ground and winnowed, the chaff becomes separated and the process of cleaning takes away roughly ⅛th of the nourishment. The outer coating is the most nourishing layer containing proteids, phosphorous and vitamines and when completely removed is ascribed to be the cause of Beri Beri by some authorities.

(2) *Dal* (prepared pulse)—produces wind, is drying and cooling ; when the outer pericarp is removed and the pulse is fried and boiled into soup, it becomes light and easy of digestion, but loses salts and vitamines. The addition of condiments like ginger, assafœtida and a pinch of salt makes it more palatable and light of digestion.

(3) *Khichuri*—is a preparation of rice and dal. It is vitalising, heavy of digestion, increases "Pitta and Kapha" produces wind, helps excretion of urine and fæces. It is taken with "ghee" as such a preparation contains no fat practically and is thus onesided.

(4) *Tahari*—is another variety in which the pulse is pasted with water and turmeric and fried in ghee and the pulse so prepared is boiled into "Khichuri". It is strengthening, palatable, heavy of digestion, appetizing, increases "Kapha" and its properties depend on the pulse from which it is prepared.

(5) *Saruchakli or Papri*—is prepared from rice and pulse and is heavier than rice, but lighter than "ruti" (flour bread). It is strengthening, vitalising, palatable, sweet, light and checks Tridosha.

(6) *Ruti or chapati*—(country bread prepared from wheat flour).—It is strengthening, palatable, tissue producer, checks "Vayu", increases "Kapha", heavy of digestion, good in convalescence after "Kaphaja" fever (when "Kapha" is depressed and "Pitta" excited) and bad in convalescence after "Pittaja" fever with diarrhœa (when rice is indicated after fever is off).

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Prepared from Java (Barley) flour—sweet, palatable, light, evacuates fæces, strengthening and generally good.

Prepared from "mug" and wheat flour—drying, heating, strengthening but increases "Vayu"

Prepared from pea and wheat flour—drying, checks "Pitta and Kapha", heavy, increases wind ("Vayu").

The outer layer of wheat removed in milling is very nourishing as it contains valuable salts and vitamines. It contains roughly ¼th of the nourishment (Mullick).

(7) *Payas, Paramanna*—prepared from rice boiled in milk and "ghee" with some sugar added. It is heavy of digestion, strengthening, checks "Pitta" but causes flatulence.

A variety in which small pieces of cocoanut are added is called "Narikel Payas." It is cooling, soothing, very nutritive and palatable but heavy of digestion, checks "Vayu and Pitta."

There are other varieties of Payas prepared with mixing oranges, ata (custard apple) and other fruits instead of rice. They are allied to custard and fruit of Europeans except that they contain no eggs.

In another variety, instead of rice, prepared wheat flour (sao), suji (granular outer layer of wheat, husked rice (chira) are used. These are generally palatable, strengthening, heavy of digestion, check "Vayu-Pitta" and should not be taken in excess.

(8) *Mohunbhog*—is prepared from suji (semolina) to which sugar and ghee are added. It is vitalising, strengthening, checks "Vayu-Pitta", soothing, increases "Kapha", heavy, palatable, appetizer. Often some condiments are added like cardamon, cloves. The Mahomedans colour it with saffron.

(9) *Pampar*—is a light preparation of pulse, very palatable, appetizer, digestive and heating. That prepared from mug and with some condiment like black carraway added are very light and crisp.

(10) *Kachuri*—prepared from wheat flour, pulse and ghee; is strengthening, vitalising, promotes urination and defarcation, is galactogogue, increases "Kapha and Pitta" but checks piles.

(11) *Barah*—is prepared from "Basom" (pulv of pea and other pulses)—is strengthening but deranges "Vayu".

When taken with condiments like carraway and whey—checks "Vayu".

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When prepared and fermented in whey—checks "Pitta".

When mixed with tamarind water—digestive.

When prepared from pulv of mug and taken with whey—checks "Tridosha".

When taken with ginger and whey—slightly palatable, strengthening, appetizing, checks "Tridosha".

(12) *Bari*—prepared from pasted pulses, acts like Barah.

(13) *Whey*—mixed with fried condiments like turmeric, assofœtida and black pepper, is appetizer, digestive and checks "Vayu-Kapha" but increases "Pitta" slightly.

(14) *Dahi*—from Buffalow's milk mixed with milk and sugar, after pressing the water out, is a very vitalising food for persons of strong digestive powers. It checks "Vayu-Pitta", is cooling and laxative.

(15) *Khaja*—is prepared from wheat flour, sugar and ghee; is strengthening, vitalising, light, sweet, checks "Vayu-Pitta" and is good for persons of strong digestion.

(16) *Motichur or Mihidana or Mithai*—is prepared from wheat flour, sugar and ghee. It checks "Tridosha", is sweet, cooling, palatable, good for eyes, checks fever, appetizer and strengthening.

When "Basham" (pulv pea) is used in place of wheat flour, it is light, cooling, slightly deranges "Vayu", produces flatulence and checks "Kapha-Pitta."

(17) *Jilapi*—is prepared from wheat flour, sugar and ghee. It is strengthening, improves complexion, nutritive and palatable.

(18) *Ghugni-dana*—is prepared from pulses and is heavy of digestion, drying, deranges "Vayu" and induces diarrhœa.

(10) *Tilkut*—a sweet prepared with til and sugar. It is drying, induces flatulence, and is good for eyes.

(20) *Meat*—various preparations are described.

As curry—vitalising, strengthening, palatable, checks "Tridosha", appetizer and tissue builder.

If prepared with whey—checks Vayu, is light of digestion, palatable, strengthening, digestive and deranges "Pitta" slightly.

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"*When prepared with manda*"—is strengthening, checks "Vayu-Pitta", heavy, soothing, laxative, specially when suitably prepared with flour.

(21) *Hobishyannam*—is a special food combination and ideal food for persons of sedentary habits, doing excess of brain work and past the middle age (youth).

It contains boiled "aroa" rice, ghee, boiled pulses.

It contains all the three proximate food principles.

It is advised to take some milk with it (animal proteid).

Dr. S. Mitra says that it is a good food combination containing all the dietetic principles and experience has shown that people keep very good health with it. (C. M. J., Vol. IV.)

Mahamahopadhyaya Gananath says, "I think the old system of eating rice as 'Habishya' (*i. e.*,) rice in which its own boiling water is concentrated (*i. e.*, gruel not thrown out) and retained may be re-established with advantage (Ibid)".

PHYSIOLOGICAL INCOMPATIBILITY OF FOOD.

This is an unique idea in Ayurveda, absent in Western medicine. Considering that India is a tropical country where auto-intoxication is more common than in the temperate regions of the globe, where the digestive system is generally stronger, one should be very careful about the diet combination he takes even in health.

By physiological incompatibility of food (*Biruddha Bhojan*) is meant that certain food stuffs taken together tax the digestive system too severely and often upset it if continued for some time. A host of diseases result from too frequent enjoyment of such incompatible food-combinations.

The following are cited as examples :—

(1) Phaseolus Radiatus (mashkalai), honey, milk, germinated rice grains, lotus-stem, radish and molasses are individually incompatible with meat of animals.

(2) Milk and meat in excess.

(3) Milk and fish in excess.

(4) Acids, acid friuts like spondias mangifera (amra), cocoa-nut, dolichos unifloris (kulthi-kalai), some wild varieties of paddy (gadli), some wild varieties of mug (mugain), some vegetables like radish are individually incompatible with milk.

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(5) Pork and porcupine's meat.

(6) Chicken's meat and Dahi.

(7) Radish with mash-kalai soup.

(8) Whey or Dahi, with plantain.

(9) Wine, Kichuri and Payas.

(10) Honey, ghee, marrow, vegetable oil and water are incompatible with each other.

(C) Condiments.

These are substances which stimulate the digestive organs.

(1) *Marich* (Black pepper)—bitter, pungent, appetizer, checks "Vayu and Kapha", heating, excites "Pitta", drying.

(2) Ada (Ginger)—dried variety is called "Sunth". It is laxative, heavy, pungent, heating, appetizer, bitter, checks "Vayu-Kapha", drying.

A little ginger and salt clears throat and tongue, taken before food excites appetite, and is digestive.

(3) *Sarisa* (mustard)—Two varieties, white and black.

White variety—Bitter, pungent, soothing, heating, checks "Vayu-Kapha", increases "Pitta" and appetite.

Black variety—checks "Kapha-Pitta", is more pungent, heating, deranges "Vayu" slightly.

(4) *Lavanga* (cloves)—Bitter, pungent, light, good for eyes, cooling, appetizer, digestive, checks "Kapha-Pitta" and wind in the intestines, thirst, vomiting, colic, cough, hiccough and respiratory troubles.

(5) *Jayaphal* (Nutmeg)—Bitter, pungent, heating, appetizer, light, clears throat, helps evacuation of fæces, good in "Kapha," removes bad taste from mouth and bad smell from fæces, good in worms, cough, and vomiting.

(6) *Dalchini* (cinnamon)—Sweet, bitter, checks "Vayu Pitta," is of good flavour, relieves thirst, stimulating, good in ulcer of mouth.

(7) *Elach* (Cardamom).

Large ones—pungent, appetizing, digestive, light, drying, heating, good in "Kapha-Pitta," thirst, palpitation, rectal disease, diseases of mouth, vomiting, etc.

Smaller ones—pungent, cooling, light, relieves "Kapha," piles, stranguary, checks "Vayu".

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(8) *Mouri* (Anesi)—Light, pungent, increases "pitta", appetizing, heating, good in dyspepsia, constipation, colic, cough, vomiting, digestive, checks "Vayu and Kapha".

(9) *Dhania* (coriandar)—Astringent, soothing, increases urine, is light, bitter, pungent, heating, appetizing, digestive, checks "Tridosha", good in fever, thirst, burning, vomiting and cough.

(10) *Jira* (Caraway).

Small variety—good for eyes, appetizing, heating, of good flavour, helps fæcal formation, pungent, drying, checks "Kapha", good in chronic fever, dropsy etc.

Large variety—Bitter, pungent, heating, appetizing, strengthening, good in dyspepsia, checks deranged "Am-Rasa" (chyle), "Tridosha" and colic.

(11) *Hing* (Assafœtida)—Heating, digestive,, appetizing, pungent, checks colic, "Vayu and Kapha", deranges "Pitta".

(12) *Kabab-chini* (Cubebs)—Checks "Vayu", increases "Kapha", eructation, diuretic, good in urethral discharge, leucorrhœa, piles and stranguary.

(13) *Jafran* (Saffron)—Bitter, pungent, soothing, improves complexion, checks "Tridosha".

(14) *Randhuni* (Sesali Indicum)– Pungent, bitter, appetizing, checks "Vayu-Kapha", heating and light.

(15) *Jowan* (Ptychotis ajowan)—digestive, appetizing, pungent, heating, light, increases "Pitta," good in colic.

(16) *Meti* (Trigonulia Fœnecum Graceum)—Appetizing, increases "Pitta" and checks "Vayu-Kapha".

(17) *Halud* (Turmeric)—Pungent, astringent, heating, drying, checks "Vayu-Kapha".

(18) *Am-ada* (Curcuma Amada)—Bitter, astringent, appetizing, light, heating, promotes fæcal excretion, checks "Vayu-Kapha".

(19) *Rosun* (Garlic)—Soothing, heating, digestive, laxative, pungent, sweet, clears throat, heavy, increases "Pitta," good for eyes, checks "Vayu-Kapha".

(20) *Piyaj* (Onion)–Sweet, cooling increases ,"Kapha", heavy, checks "Vayu".

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(21) *Tejpata* (Cinnamomum Tamala)—Slightly sweet, heating, light, checks "Vayu and Kapha".

(22) *Pan* (Betel leaf)—appetizing, heating, bitter, pungent, astringent, laxative, slightly alkaline, light, checks "Kapha and Vayu", also bad odour of mouth.

(23) *Cha* (Tea)—checks "Kapha" aud catarrh, induces perspiration, reduces temperature in fever, stimulant.

M. Fermented Drinks.

Wines are described as heating, appetizing, acting as food to the body, sweet, bitter, astringent, acid, help defecation (European wines produce constipation) clear voice; improve health in weak persons, increase mental powers, make complexion ruddy, and body light, produce derangements of blood and "Pitta", irritate "Vayu" and induce a dry and perched condition of the system, clear the passages and ducts, relieve "Kapha", produce insomnia, good for tired and sleepy persons, make fat man thin and vice versa, poison the system when taken in excess.

New wines—heavy, derange "Tridosha".

Old wines—light and good to correct "Tridosha"

Medicated wines—take up the virtues of medicines.

Wine should not be taken by one who is very heated, hungry, after a course of purgation by purgatives.

Effect of Different Wines.

(1) *From Beleric Myrobalum*—not much intoxicating, light and good.

(2) *From grapes*—makes body thin, of good taste, not very heating, sweet, produces motion, deranges "Vayu-Pitta" slightly.

(3) *From dates*—heavy, deranges "Vayu" and otherwise like that from grapes.

(4) *From sugar*—appetizing, relieves urine, wind and faeces.

(5) *From sugar-cane juice*—good for marrow diseases and piles.

(6) *From honey*—good for "Kapha" and urethral disease.

(To be continued.)

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VEGETABLE MATERIA MEDICA.

—o—

THERAPEUTIC USES OF DHATAKI

BY

VISHAGBHUSHAN KAVIRAJ A. C. BISHARAD, M. R. A. S. (LOND.)

SYNONYMS :—

SANSKRIT :—Dhataki, Dhatupushpi, Tamrapushpi, Kunjara, Subhiksha, Bahupushpi, Bahnijwala, Parbatia, Sindhupushpi, Pramadini, Mada, Madyabasini, Guchchapushpi.

HINDI :—Dhabai, Dhaya-ki-phul, Dhabai-ki-phul.

BENGALI :—Dhai-phul,

MAHRATTI :—Dhayati.

TELEGU :—Dhatakipuda, Ourpubbu, Jargi.

GUJRATI :—Dhabani.

KANARESE :—Dhayiphul.

ORISSA :—Jatiko.

LATIN :—Woodfordia floribunda.

ENGLISH :—Downy Grislea.

CEYLON :—Mayil.

HABITAT :—It has the name of *Parbatiya* (Madanpál) or hill-born, thus showing its habitation in the nountainous regions. But it is available throughout India.

PARTS USED :—Flowers.

DOSE :—24 to 48 grains.

PHYSICAL CHARACTERS :—It is a flowering shrub, the Sanskrit name *Tamrapushpi* describes the flowers as red, the calices are of bright red colour. Numerous small flowers cluster together and present a very gaudy and atractive appearance.

DESCRIPTION IN THE VARIOUS NIGHANTUS.

धातकी कटुका शीता मदकृत् तुवरालघुः ।
तृष्णातीसार पित्तास्र विषकृमि विसर्पजित् ॥

—*Madanpal.*

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The same couplet occurs also in Bhabaprakasha and describes Dhataki as astringent, cooling, stimulant, and curative in thirst, diarrhœa, Pittaja hæmorrhages, poisoning, worms and erysipelas.

धातकी कुसुमं शीतं रक्तपित्तातिसारजित् ।

—*Rajaballabha.*

The flowers of Dhataki are cooling, and effective in haemoptysis and diarrhœa.

धातकी करुणा च मदक्लदिषनाशिनी ।
प्रवाहिकातिसारघ्नी विसर्प व्रणनाशनी ॥

—*Rajanighantu.*

Dhataki is astringent in taste and stimulating, and has the virtue of destroying poison, dysentery, diarrhœa, erysipelas and boils.

धातकी कटूकोष्णा च मदक्लदिषनाशिनी ।
अतिसारहरा गर्भस्थापनी क्रमिरक्तनुत् ॥

—*Dhanwantariya Nighantu.*

Besides the properties enumerated above it is here described as endowed with the virtue of curing sterility (गर्भस्थापनी) and protecting the fœtus in pregnancy.

Standard Prescriptions.

In Menorrhagia :—

Re/

Pulv Dhataki flower—usual dose, administer with honey.

—*Chakradutta.*

In Dysentery :—

Re/

Pulv. Dhataki flower, administer in suitable doses with curd.

—*Chakradutta.*

In Diarrhœtic Fever (Typhoid ?)

Drinks or liquid food for this class of patients should be prepared with the decoction of Dhataki flowers and administered to the patients adding a pinch of pulv. dried ginger and fresh expressed juice of pomegranates. This preparation is very soothing and cooling to the digestive and excretory system of the patient.

—*Bangasen.*

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IN DYSENTERY OF CHILDREN.

Re/

Dhataki flowers.
Dried Bael fruits.
Lodhra (symplocos racemosa).
Bala root (pavonia odorata).
Gajapippali (pothos officinalis) āā total 2 tolas, boil over gentle fire adding 16 oz. of water, till reduced to 4 oz. To be administered when cool in proper doses according to age with a little honey.

—*Sharangadhara*

IN LEPROSY.

Dhataki flower prepared into a paste with water is recommended to be applied over the affected parts.

—*Charaka, Chik, 7th Chap.*

IN BOILS AND ULCERS.

Dhataki flowers in fine powder when applied over the seat of affection diminish the foul discharges and promotes rapid granulation.—*Chakradatta.*

Charaka included *Dhataki* in *Mutrabirajaniya* (that which alters colour of urine), *Sandhaniya* (which promotes the union of fractured or divided parts), *Purishasangrahaniya* (that which renders the fæces consistent) groups. Neither *Charaka* nor *Shusruta* ever recommended its use alone in diarrhoea or dysentery, but always prescibed it in combination with other drugs.

Dhataki is largely used in the preparation of *aristas* and *asavas* as it assists fermentation, having been endowed with properties of wine, as two of its Sanskrit names indicate, *viz.*, *Pramadini* and *Madyabasini.*

Chemical Composition :—It contains about 20 per cent of tannin. Khory describes its properties as given below :— "Stimulant and astringent given in dysentery beaten up with honey ; also in checking hæmorrhages and chronic discharges, such as menorrhagia and leucorrhoea. The powder of flowers is sprinkled over vesicular eruptions and foul ulcers to diminish the discharges and promote granulations."

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RESTORATION AND DEVELOPMENT OF AYURVEDA

BY

GIRINDRA NATH MUKHERJEE, B.A., M.D., F.A.S.B.,

Author of Surgical Instruments of the Hindus, History of Indian Medicine, etc., etc.

(*Continued from our June, 1926 issue*).

14. *The scheme of the proposed college and hospitals and their working.*—The college should have a four-year course, and the different subjects may be studied as follows:

First-year—Physics, Chemistry, Biology and Anatomy. Dissection and Practical training in scientific subjects.

Second-year—Anatomy, Physiology, Materia Medica, Pathology. Dissection, Practical classes, and Hospital duty.

Third-year—Medicine, Surgery, Midwifery, and Hygiene, Clinical Medicine and Surgery, Labour cases, Hospital duty—medical and surgical and Operative Surgery.

Fourth-year—Same as in the third year, Medical Jurisprudence and History of Medicine.

After a few years, it would be found that a five-year course would cover the subjects better. The preliminary scientific studies should be taught in a very elementary manner, and only with special reference to the subjects required for proper elucidation of the medical science.

To run such an institution efficiently, the services of the following professors are absolutely necessary :

1. Professor of Biology.
2. ,, Physics and Chemistry.
3. ,, Anatomy and Physiology.
4. ,, Materia Medica and Clinical Medicine.
5. ,, Medicine including Mental diseases, and Hygiene. He is to act as Principal of the College.
6. ,, Surgery including Dentistry and Diseases of the Eyes, and Clinical Surgery.
7. ,, Midwifery. Diseases of Women and Children.

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The salary of the professors should be from Rs. 150 to 300, The salary of the Principal should be Rs. 500 per month.

There would be required Demonstrators for Biology, Physics and Chemistry, Anatomy and Physiology, on a salary of Rs 75 to 150 per month All the professors and demonstrators must have medical qualifications.

The State must encourage original researches in the medical and allied sciences by special grants from the public treasury. Endowments or establishment of Fellowships, Lectureships, and Readerships for researches in the Ayurvedic studies should be sanctioned. There should be scholarships, prizes or rewards for the meritorious students.

The Hospital must contain wards for medical, surgical and gynæcological cases and should have provision for out-door patients. It is not necessary to enter here into detail of the hospital work.

The capital outlay necessary for starting the college and the hospital on the basis of my recommendation could not be put below two lacs of rupees. Considering the present financial difficulties of the State, a start may be made in some existing Government buildings, where accommodation for laboratories, lectures and hospitals is available. A library with seminar rooms, offices and Principal's quarters will be located in the same buildings. I am not aware of any such Government building being available, except the premises known as the "Hasting's House" situated in Alipore. This house may serve our purpose admirably for the present and may be used permanently if the authorities so desire. The house with a historic fame has ample accommodation for a college and is situated in the southern division of the town and is easily accessible to students from all parts of Calcutta. In this building an educational institution was started a few years ago, but as it exists no longer, the authorities are free to sanction its use for a more useful institution which will prove highly beneficial to the public at large, and will redound to the glory of the benign administration under whose care we all live.

The amount of the recurring annual grant from the State for the college, necessary to run it efficiently,—though we cannot name a figure offhand,—cannot be less than Rs. 25,000 per year for the present. It is possible that a successful administration may be able to achieve the result desired at a comparatively less cost;

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but as the details are to be worked out afterwards we need not consider about the exact figure. We must make attempts, and we believe such attempts to meet with favourable response,—to tap new sources of revenue as from Municipalities, District Boards, and to obtain benefactions from the public.

15. *Qualifications of students who intend to study Ayurveda.*—There are differences of opinion as regards the minimum qualification of the students who would be eligible to prosecute studies in the college. I have referred to what Susruta says about this question in page 37 of "*History of Medicine*," *Vol. I*, and I need not dilate it here. There can be no doubt on the dictum that "a physician should be a man of science trained after the best manner and according to the discipline of the science of the age." There are a vast number of students who have passed the Matriculation and I. Sc. Examinations of the University. They do not find any accommodation in colleges of science or arts to prosecute further studies. To enter into the Medical Colleges is very difficult for them as the number of applicants for admission into these colleges far exceeds the maximum number of students who can possibly receive adequate facilities to learn the subjects of their study in the colleges. The result is that the students sit idly at home as they find no work for them. I would not be astonished if these educated young men without any work and hope in this world, were easily led astray by designing men and ultimately became criminals. These students would like to study the science of Ayurveda, and I hope they will come in number and will welcome this new field of activity open to them. What they want is that they should be regularly taught and that they should be recognised by Government if they can pass their examinations creditably. Under these circumstances, I am of opinion that the minimum qualification should be the Matriculation of the University, but the I. Sc.'s should be given the preference, and I fear that within a very few years the classes would be filled up with I. Sc. and B. Sc. students.

For the *Tols*, the minimum qualifications should be fixed to the *Adya* and *Madhya* examinations of the Sanskrit Board. Then they will be able to follow the Ayurvedic Texts which are, as a rule, written in classical Sanskrit.

16. *Accommodation for students in medical institutions.*—I have stated above that the medical institutions are over-crowded.

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To support this statement I cannot refrain from quoting the Questions and Answers in the local Legislative Council :

Question 10. Mr. J. N. Maitra wanted to know

(*a*) whether a large number of candidates for admission into the Calcutta Medical College, Carmichael Medical College and Campbell Medical School were annually refused admission owing to want of accommodation.

Ans. (*a*) Yes.

(*b*) whether many candidates for admission into the Campbell Medical School possessed the the qualifications necessary for admission into the Medical College.

Ans. (*b*) No, it is not strictly correct. At the last admission out of 237 I. Sc.'s admitted only 15 were First Division and 22 were Second Division men. The Medical College could fill their admission list with B. Sc.'s alone and Second Division I. Sc.'s have very little chance. The Campbell admits I. A.'s. The figures at the last admission were 9 First Division, 19 Second Division, and 4 Third Division—total 32. The Medical College does not admit I. A. candidates.

(*c*) If so whether the Government would raise the status of the Campbell Medical Schhol to that of a Medical College at an early date.

Ans. (*c*) No.

17. *The medium of instruction in Bengal.*—The difficulty about the medium of instruction in Bengal cannot be solved easily. It is no doubt true that students will appreciate the lecturers if they impart instructions in their mother tongue. It is undoubtedly a sad waste of time and energy in learning sciences in a foreign garb. All educationists now agree that the mother tongue of the students should be placed over foreign languages. The learner's attention would not then be diverted from the study of science to that of foreign languages.

We know with what good results the mother tongue has been employed for the moral and religious development of children. The Venerable Buddha delivered his sermons to his nation in its own speech,—Pali,—not even in Sanskrit. To learn a foreign language is difficult and certainly it is more difficult to express our ideas in another language which has little or no affinity with our mother tongue. But whether we like it or not, the Bengali

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students begin to learn English even from a very tender age, and when they grow older, I am sorry to remark, they like to express themselves in a foreign tongue. Considering all these facts, I hold that for the present, it is desirable that English language should be the medium of study in the college. It will bring the education of the students up to modern standard of method and efficiency, and will keep them in touch with European learning and progress. The lecturers, however ought to be prepared to explain difficult questions in the vernacular.

I quote here the remarks of the Committee in their Report of 1834 as regards the medium of Instruction and believe that the reasons set forth therein still hold good for the present time. "A knowledge of the English language we consider as a *sine qua non*, because that language combines within itself the circle of all the sciences, and an incalculable wealth of printed works and illustrations ; circumstances that give it obvious advantages over the oriental languages, in which are only to be found the crudest elements of science or the most irrational substitutes for it."

But to bring the means of medical instruction within the reach of the masses, who are still for the most part ignorant of the English language, vernacular should be adopted as the medium of instruction. And it was for similar reasons that a Hindusthani class was opened for the education of the native doctors in 1138, with Urdu as the medium of teaching, and a Bengali class, in which the students were taught in Bengali, was added in 1851-52. The students who passed their final examinations from these institutions were known as native doctors who were employed for military and civil duties respectively. Thus there were opened Bengali classes in the Medical College of Bengal in 1852, and in the Medical School at Agra, vernacular was the medium of instruction which was imparted in accordancce with Europsan methods. Similar schools were opened at Lahore, Dacca, Hyderabad, Patna, Cuttack and many other places ; but in most of these schools the medium of instruction has changed ;—the vernacular has gradually yielded its place to English which is liked by the teachers and students alike. It may be laid down as a general rule that vernacular should be retained for the lower standard and the *Tols*, and English for higher examinations in the college. In the examinations, however, the students should be allowed to have the option of writing their answers either in the vernacular or in English, and this mixed

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system would be found to be educationally economical, investigation of the science would throw light on its origin and growth. The report continues,—"If adequate provision is made for this purpose in the reconstituted University, it is not unreasonable to hope that the exponents of the ndigenous system of medicine will gradually become linked with students trained according to the most approved Western method."

Practically there is scarcely any very marked difference between the Ayurveda and the modern scientific medicine. The Ayurveda is not a conservative system of medicine; we can distinctly trace its growth through the different strata of thought. We have abundant testimony,—the internal evidence of the medical books themselves,– that the Ayurvedic system often utilized new methods of treatment, but in a manner peculiar to itself. The treatment advocated in the *Vedas* differs from the treatment recommended by the Atreya School of physicians; the system of Charaka Drdhavala is not identical with the teaching of Agnivesa; the treatment of Charaka has undergone a complete change, and the treatment of diseases by mineral medicines is an advance introduced by the physicians of the Intro-chemical School. Nagarjuna redacted the *Susruta Samhita*. But the science of surgery finds no place in the hands of the learned kavirajes of the present time. Bhava Misra described some new diseases, *e.g.*, the Firanga roga or Syphilis in his work, but he referred for the treatment of the disease to the ancient Seers (Rishis) although the disease was not mentioned by his predecessors. Opium, mercury, and arsenic were unknown, to the ancient physicians, or if known, were not commonly used by them; but the modern kavirajes can hardly treat cases without these remedies. It will come to you as a surprise that many Ayurvedic physicians now use quinine in malaria but though they do not admit it, we should not be astonished to find in some tantras or puranas later on, the properties of the drug described in the form of a dialogue between Shiva and Parvati. It would be done so, not to cheat the public, but to create a faith in the minds of the patients; and we know that similar devices had been adopted in recent times by Europeans, when, in order to stimulate faith in vaccination, some Sanskrit poems were composed to show that vaccination was sanctioned by religious books of the Hindus. In the system as practised now-a-days, many medicines from the Unani system have found a permanent place in the Ayurvedic Materia Medica. We should always bear in mind the famous couplet of Charaka.

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"That alone is the right medicine which can remove disease ;
He alone is the true physician who can restore health."

In a note on the Sanskrit College, Jeypore, dated the 28th October, 1894, which appeared as an appendix to Dr. Hendley's article on. "*The Indian System of Medicine and the lesson that may be learnt from them*" (*vide Transactions of First Indian Medical Congress*, 1894). Mr. Kalipada Banerjee, the then Principal of the Jeypore College writes : "The titles conferred here in the medical examinations are Bhisak at the Upadhaya, Bhisagvara at the Sastri, and Bhisagacharya at the final examination. But the titles conferred in Bengal are Kaviraja, Kavirajan (kaviranjana ?), Kanthabharana, and Dhvanantari; and in the N. W. Provinces, Vaidya, Vaidyaraja, and Vaidyachuramani. I must mention in this connection that nowhere besides Jeypore Hindu medicine is systematically taught in the College; and everywhere the science is taught privately by distinguished native vaids". "The medicine is nowhere taught in India in the vernacular, medical education being everywhere given entirely in Sanskrit". In the Punjab University, the titles of Vaidya Vachaspati and Kaviraja are conferred. Any of these titles may be selected for the students who pass their examinations from the *Tols*.

But the students who successfully pass the final examinations of the Colleges should get titles which may indicate that they are qualified medical men entitled to practice Medicine, Surgery and Midwifery. They may be designated Indian Physicians or Surgeons, or Ayurvedic Doctors or similar titles. The Homeopaths without any pretentions to medical education often add such titles as M. B. and M. D. Any title similar to M. B., B. S., or L. R. C. P. might be granted to these trained medical men.

(*To be continued*).

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MILK AND ITS PRODUCTS

—:◡:—

Milk in general is cooling, nutritive, strengthening and vitalizing.

Cow's milk is pleasant, wholesome, increases semen, memory, strength, and longevity.

Buffalo's milk is sweeter, heavier and more cooling than cow's milk. It induces sleep; being heavy of digestion, it lessens appetite, and increases phlegm.

Goat's milk is sweet, cooling and astringent. It greatly increases digestive power and is effective in haemorrhagic diseases, such as phthisis, dysentery, etc. It is more useful in children prone to liver complaints than cow's milk.

Ewe's milk—saltish, disagreeable and not easily digestible.

Mare's milk—saltish, acidulous and easily assimilated.

Camel's milk—light, sweet, saltish, laxative and useful in dropsical affections.

Ass's milk—saltish, easily digestible, indicated in debility and urinary complaint, almost a substitute for human milk.

Human milk—light, cooling, nutritive, strengthening and useful as a wash in eye diseases.

All except human milk should be taken boiled. Fresh warm milk just as it comes out of the teats has been compared with nectar.

MILK AS AN ARTICLE OF DIET.

Milk is considered demulcent, laxative, and specially suited to children, old men, consumptives, debauchee, and is useful in chronic fever cases, mental diseases, dyspepsia, diarrhœa, urinary complaints, ascites and anasarca. In later stages of anasarca, ascites and chronic bowel complaints, a pure milk diet is generally prescribed to the exclusion of salt and water and every other article of diet. Along with this milk diet, medicines such as *Swarnaparpati*, *Dugdhabati* and *Mana-manda* are generally prescribed with good results.

The following are some of the preparations from milk which are used in this country in health and disease, and which will be treated on detail in our next issue :—

(1) तक्र or butter milk. (2) दधि or curdled milk. (3) मस्तु or whey. (4) सन्तानिका or cream of milk. (5) नवनीत or butter. (6) किलाटक or curd of milk (*chhána*). (7) Ghrita (clarified butter) new and old.

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USEFUL PRESCRIPTION HINTS.

Demulcent and Diuretic Mixture.

Trinapanchamula :—

इक्षु—*Saccharum Officinarum.*

शर—*Saccharum Sara.*

काश—*Saccharum Spontaneum.*

कुश—*Poa Cynosurides.*

दर्भ—*Imperata Cylindrica.*

Some practitioners substitute the root of *Andropogon muricatus* for that of दर्भ।

Take of 2 tolas in all of the above roots, smash well and boil in 16 oz. of water reduced to 4 oz. and administer when cool. This acts as a good demulcent and diuretic in gonorrhœa, strangury and supperssion of urine. This decoction is also largely used as a vehicle to metallic preparations indicated in the above cases.

Aphrodisiac Yoga.

Pulv. Aswagandha root—½ dram.
Administer with milk or butter and sugar-candy.
It is a powerful aphrodisiac and restorative in loss of sexual powers.

In Dropsy of Chronic Fever.

Kantakari—2 tolas smashed and boiled in 16 oz. of water reduced to 4 oz. and administered thrice daily, acts as a powerful diuretic. It is very effective in cases where other remedies failed, attended with chronic, violent, and low fever, dropsy or general anasarca, very low vitality of the system, and enlargement of liver and spleen. With the morning dose may be given a dose of Makaradhwaja previously well-powdered and mixed with honey.

Inflamation of Breasts.

Turmeric — 1 part.
Datura fruits — 1 part (stramonium).
Prepare into a paste and apply.

Insanity.

Datura root—1 tola.
Milk — 2 oz.
Water — 6 oz.

Gently boil till the water is reduced. Take off the fire, strain through a linen and add a little clarified butter and treacle and administer.

Scrofula.

रक्तकाञ्चन—Raktakanchan (*Kanchanar, Bauhinia Variegata*) bark prepared into a paste with ginger and rice water gradually dissolves the scrofulous enlargement of the glands of the neck.

———

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A POWERFUL APHRODISIAC.

AKARKARABHADI CHURNA.

Akarkarabha (pellitory root)	Each 2 tolas
Dried Ginger	
Kakkola seeds	
Saffron	
Long pepper	
Nutmeg	
Cloves	
Red Sandal-wood	

Powder well and mix with corrected (शोधित) opium 8 tolas. Rub them together and pass the powder through a piece of clean linen. Then add sugar, equal in quantity to all the above ingredients.

DOSE :—6 to 12 grains with honey, once daily, every evening followed by a drink of warm milk—4 to 8 oz.

———o———

Reviews and Notices of Books.

———:o:———

A MANUAL OF NORMAL PHYSICAL SIGNS.

By Wyndham B. Blanton, B. A., M. A., M. D., Associate in Medicine, Medical College of Virginia, Richmond, U. A. Published by the C. V. Mosby Company, St. Louis, 1926. Price 2-50.

This is a book which will be of immense service to students of Ayurveda, who are reading physiology in up-to-date Ayurveda Colleges. The book is a mine of information as it contains definite, reliable and easily-digestible notes intended for students to master the complicated subject of normal signs in physical Diagnosis. After a brief description of regional Anatomy, the following subjects have been clearly dealt with, *viz.*, Sound, Inspection, Palpation, Percussion, Ausculation, Constitutional signs, Head and Breast, Respiratory system, Heart, Blood vessels, Blood pressure, Sphygmography and Electro-cardiography, esophagus and abdomen, back, extremities, lymphatic system, nervous system, rectal and vaginal examination, youth and old age, and lastly order of physical examination. We recommend this book as the best guide designed for the use of students seeking knowledge of normal physical signs in diagnosis.

———

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ORIGINAL SANSKRIT WORKS

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Dr. Rama Rao's Bill.

From a careful perusual of the Draft Bill on Indian Medical Education, introduced by Dr. U. Rama Rao of Madras in the Council of State, we are convinced that it would in no way serve the purpose of organising indigenous practice for the following reasons :—

The All-India Medical Council which the Bill provides for maintaining the integrity of the profession, is recommended to consist of about 35 members, but the method of selection of these members does not warrant the inclusion of more than two representatives of purely indigenous practice and thus in the meetings of the Council they would be nowhere, for the electorate as proposed in the Bill provides only for a majority of allopathic representation in the Council. It would indeed be an evil day for indigenous practice if its future is left in the hands of those who have very little sympathy for it and who have no first hand knowledge of the system upon which they will be required to sit in judgment.

In India at the present moment there is chaos in indigenous practice, although, attempts are now being made in some quarters by Ayurvedic practitioners to organise their fold ; with this object in view the ancient system of teaching in "tols" is being abolished and supplanted by well equipped colleges, where teaching in all the eight branches are being imparted. Thus the old school of Ayurvedic Practitioners are being gradually replaced by students from these institutions, but it would require sometime before the entire practice could

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be changed. The All-India Ayurvedic Mahamandal and Vidyapeeth, a representative body of Indian Vaids, is collecting materials regarding the ins and outs of practitioners now practising the indigenous system by compiling a Register, which gradually will take the place of a well-regulated list of bonafide practitioners. If anything is intended to be done, to organise indigenous practice this body should be empowered with the authority of an all-India teaching and examining body with colleges and schools affiliated to it. Unless and until there are materials to work upon, it will serve no useful purpose to enforce discipline on an unrecognised body.

In England or in India any attempt at registration was made a long time after the estabiishment of medical colleges. Even now the provincial medical acts are defective as they have jurisdiction only on some ethical aspects of medical practice. In the sphere of indigenous practice it is not time yet to control it for reasons stated above, much less to place it under the tutelage of those who have not even a passing interest for its uplift and growth. It may not be out of place to mention here that medical registration depends upon medical education, and since no attempt has been made by the Government to regulate and provide for indigenous medical education, the time is not ripe to control or declare for registration of persons practising the indigenous system.

It is no doubt the duty of the State to protect its citizens from the evils of quakery. But there are quacks in all systems, notwithstanding the medical acts, and one will find more quacks practising allopathic system infesting the interior of villages than is the case with those of indigenous practice. The only remedy for this evil is State control and State registration. As both the Allopathic and Ayurvedic systems have get to stay in India and since the latter caters for a greater percentage of population than the former, not by pure accident but by sheer

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choice of the people, it behoves upon the Government to come forward with proper help to first organise and then control it, and not to stifle it by enforcing upon it untimely and uncalled for restriction.

But if registration is immediately considered necessary a separate electorate and separate council as outlined above and already initiated by the All-India Ayurvedic Mahamandal and Vidyapeeth is the only remedy to save the population from unlicensed practice. At the outset all practitioners of indigenous system should be included in the register. This will save the practitioners who are already in the field and the system they represent from any imaginary or real injury and will pave the way for the much needed organisation and registration, which can only retain the integrity of indigenous practice and acquire for it a high standard of efficiency. No doubt at the beginning many quacks will get into the register, yet this appears to be the only remedy which will save the country from a body of future quacks To effect this the Government is required to interest itself in the spread of Ayurvedic colleges and schools throughout the country besides taking a keen interest on the development of existing institutions, which are doing a great service in giving an impetus towards a system of regulated education.

Dr. Rama Rao's Bill, unfortunately, provides for no such expediency and hence the portion in it which relates to indigenous practice should be deleted, for if passed into a Law the result will be disastrous to Ayurveda and its devotees as they will be placed right under the grip of those who have very little regard for them. State control bereft of State-backing is an evil admitted by all. It is the State-backing which is carrying the day for Allopaths. Take it off and transfer it to any other indigenous system and see the result.

A. C. B.

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Professor of Biology, Medical College, Calcutta.

—:o:—

(Concluded from our last issue).

The technique of pulse examination has been so nicely and briefly described in several treatises and these descriptions agree so beautifully with that of the Ayurvedic system, that they are also quoted below.

We first quote from Da Costa's "Principle and Practice of Physical Diagnosis", Second Edition, 1911, page 316 : "With the patients' forearm turned in partial supination and supported at the level of the heart, the first three fingers of the examiner's hand are pressed lightly against the radial artery at the wrist.....The condition of the arterial wall and the size of the artery are readily discovered by simple palpation and by 'fingering" the vessel—which means gently sliding the pad of the finger across it transversely and along its course longitudinally, varying the pressure meanwhile so as to roll the artery against the bone By these manœuvres, changes such as diminished elasticity, tonicity and mural irregularities, are mainly perfectly plain. The *pulse rate* is ordinarily estimated by counting the number of beats felt during 20 seconds and multiplying them by three, but when the pulse is notably arhythenic, slow, or fast, it is a better plan to count it for a full minute.....A general idea of the *rhythm* of the pulse is gained at the time its rate is counted, and should irregularity be found, the type should be carefully identified by a further digital examination,... The *arterial tension* may be approximated by noting the pressure required to obliterate the pulse-beat, the manner of obtaining this information consisting in gradually increasing the pressure of the proximal finger until the middle finger fails to feel pulsation,

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the distal finger meanwhile exerting firm pressure below, in order to block peripheral waves....The *volume* of the pulse is judged by palpitating with gentle pressure, at first uniform and then progressively increased, with a view to ascertaining the amount of distention that the artery undergoes with each systole of ventricles.

Again we find the following note in "Clinical Methods" by R. Hutchison and H. Rainy, Fifth Edition, 1912, page 177 : "To feel the pulse, place three fingers of the right hand on the patient's radial artery at the wrist. It is immaterial whether the observer's index finger be nearer the elbow or the hand of the patient, but for beginners it is best to select the same position in all cases. If it is made a habit to examine both radials in every case, errors in diagnosis, such as failing to detect the presence of aortic aneurism or an abnormal position of the vessel, will frequently be avoided."

Lastly, we quote another passage from "A Reference Handbook of the Medical Sciences" by various authors, Fourth Edition, edited by T. L. Stedman, Vol. 7, Article "Pulse," p. 440 : "It is important to choose for the examination of the pulse a time when the patient is as little excited as posssible. It is well to distract his attention by conversation. To obtain the best results the patient should lie or sit in a comfortable position. The observer should be in front of the patient or to his right side. The patients' right arm should be supported with the elbow flexed and the fore-arm half pronated. Two or three fingers of the observer's right hand should be laid upon the radial artery where it passes over the lower end of the radius between the styloid process and the flexor tendons. The fingers are to be moved up and down the artery and across it, flatten out the vessel so as to bring out the condition of the *arterial wall.* If the artery can be felt and rolled beneath the fingers when flattened out it indicates the thickening of arterio-sclerosis or the rigidity of atheromatous or calcareous degeneration.... The arterial pressure may be roughly estimated by the amount of pressure which must be exerted by the finger to obliterate the pulse in the portion below."

We further quote a passage from Greene's Medical Diagnosis p. 470, regarding some of the methods of feeling the pulse set forth by the Ayurvedic physicians. "The vessel being lightly rolled under the finger to get its size, which for the most part represents its tonus or state of contraction and not the force or efficiency of the beat."..."Pressure is then made with the upper finger until the pulse

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is lost to the lower....The artery, thus emptied, is rolled under the lower finger to detect any thickening of its walls...."

Such passages have also been quoted above in connection with the general technic depicted by the various authorities of the Western Medicine.

If we now critically compare the technics of pulse examination of the two schools, we find a very close similarity in the two. We do not know how far the technic in the Western Medicine evolved independently of this ancient Eastern School, as there was every chance of the science being brought to them in ancient times through the Arabians, Greek and Romans. Then again, in the actual methods of feeling the pulse, the Ayurvedic teaching is in no way dificient or different from the Western science except that so many instruments have been invented by the latter for recording the pulse tracings which suppliment the pulse examination. Whereas the Western Medicine is daily improving in such a way that what is to-day, is not so, to-morrow, the Ayurvedic School remained stand-still for centuries and is still in such an antiquated state.

There is at least one remarkable deficiency in the Ayurvedic system in that there is no mention of studying the pulse rate, although, as we shall see later on, there is frequent mention of a quick or a slow pulse. It might be that the importance of pulse rate was not seriously taken by the ancient Ayurvedic physicians or that the want of a suitable and portable time measurer was the cause of this deficiency.

We now come to consider the condition which are thought to be revealed by the pulse examination according to the Ayurvedic physicians.

First, we consider the general conditions brought out by the pulse examination.

(1) वातं पित्तं कफं द्वन्द्वं सन्निपातं तथैव च।
साध्यासाध्यविवेकञ्च सर्वं नाडी प्रकाशयेत्॥
समस्वरा भवेद्वीणा समधातु शरीरिणां।
अङ्गुलिपीडिता नाडी वदते रागरोगयोः॥

ना. प्र. (II. 38); ना. प. (II. 18); ना. नि. वै (I. 4); ना. प्रबो (II. 36); ना. वि (II. 4); ना. ज्ञा. शि. (III. 5).

(2) साध्यासाध्यमरिष्टञ्च वातपित्तादि विनिश्चितं।

ना. ल. (II. 12).

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(3) भोजनञ्च मनुष्याणां वातपित्तकफादिकं।
मरणं जीवनं चैव सर्वं नाडी प्रकाशयेत् ॥

ना. प. (II. 28).

(4) अङ्गुलीतिस्रयैः स्पृष्ट्वा क्रममेतत् त्रयोङ्गवैः।
मन्दां मध्यगतां तीक्ष्णां विभिर्दोषैः सुलक्षयेत् ॥
वातं पित्तं कफं द्वन्द्वं तृतीयं सान्निपातिकं।
साध्यासाध्यविवेकञ्च सर्व्वान् नाडी प्रकाशते ॥

ना. प. (II. 29).

(5) वातं पित्तं कफमपिघनयुक् युग्मकं सन्निपातं साध्यासाध्यौ वलमवलतां शोणितं वा रसं वा
नाडी सर्वं स्फुटयति सदभ्यासिनां नामवुध्वावैद्यो मुह्यत्यतइहमुहुः कार्य्यएवादरः स्यात्।

ना. प (II. 24).

(6) प्रदर्शयेद् दोषमिदं स्वरूपं व्याप्तं समस्तं युगलीकृतञ्च।
मूकस्य मुग्धस्य विमोहितस्य दीपपदार्थानिव जीवनाडी ॥

ना. ल (II. 14). प्रवर्त्तते—ना. वि. (II. 6).

(7) बालानामपिमूकानां मूढानामपि देहिनां।
उन्मत्तानामभिन्यास विमूढमनसामपि ॥
व्याप्तसमस्तं द्वन्द्वं च दोषरूपं विशेषतः।
दर्शयत्यचिराज्जीव नाडी वस्तुनि दीपवत् ॥

ना. प्र. (II 38) ; ना. ज्ञा. शि. (III. 5),
and in another treatise.

(8) मूकस्य मुग्धाविमोहितस्य दीपपदार्थानिव जीवनाडी।
प्रदर्शयेद्दोषजनिस्वरूपं व्याप्तं समस्तं युगलीकृतञ्च ॥

ना. प. (II. 20).

We may now recapitulate the various conditions which are revealed by the pulse examination according to the different authorities quoted above :—

(1) The conditions (derangements) of *Vayu*, *Pitta* and *Kapha*, singly or in double or triple combinations (1, 2, 3, 4, 5, 6, 7).

(2) Whether the patient will recover on not, (1, 2, 3, 4, 5).

(3) Condition of the blood or lymph in the body. (Perhaps it means derangement of blood and accumulation of fluid in the body) (5).

(4) That the person has taken his food (3).

(5) The disease, the condition of dumbness (idiocy ?), being stupified, being fascinated, being confounded (or confused), childhood, insanity and ardent fever (6, 7, 8).

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Secondly, the four principal pulses, *viz.*, in the hand, and neck, at the root of the nose and on the dorsum of the foot, are stated to reveal certain special conditions.

(1) The pulse in the Hand (radial pulse)—

अजीर्णसामदोषञ्च ज्वरस्यागमनं तथा।
वातपित्तकफोद्रेकं हस्तनाडी विदर्शयेत्॥

ना. वि. (II. 6); ना. प्रवो. (II. 36).

The pulse at the wrist reveals indigestion, an acute illness, onset of fever and derangements of *Vayu*, *Pitta* and *Kapha*.

(2) The pulse in the Neck (carotid pulse)—

आगन्तुकं ज्वरं तृष्णामायासं मैथुनं क्लमं।
भयं शोकञ्च कोपञ्च कण्ठनाडी प्रकाशयेत्॥

ना वि. (II. 4); ना. प्र. (II. 38); ना. वि. (II. 6); ना. प्रवो. (II. 36); ना. ज्ञा. शि. (III. 5); ना. वि त. (III. 2).

The pulse in the neck reveals the advent of fever, thirst, exertion, coitus, fatigue, fear, grief and anger.

(3) The pulse at the root of the nose (at the side)—

मरणं जीवनं कामं नेत्ररोगं शिरोव्यथां।
कर्णनेत्रगतान् रोगान् नासानाडी प्रकाशयेत्॥

ना वि. (II. 6); ना. वि वै. (I. 4); ना. वि. (II 4)

The Nadi at the side of the nose shows the life and death of the patient, passion, headache and diseases of the eye, ear and face.

(4) The pulse on the dorsum of the foot (The pulse behind the inner malleolus, *viz.*, the pulsation of the posterior tibial artery may be meant as well).

जीवितं लाघवं स्वास्थ्यं ज्वरस्य च विमोचनं।
स्वस्थानविमुच्य हि पादनाडी विदर्शयेत्॥

वि. (II. 6); ना. नि. वै (I. 4).

The Nadi on the foot indicates the life, the delicacy of health and freedom from fever without leaving its place (without not being felt).

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FOOD IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh).

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(*Continued from our last issue*).

II.

Food in Disease.

"More than fifty per cent. of all illness that affects mankind near life's middle lamp post or further on is due to unpardonable and unavoidable errors in diet. The chronic diseases which are so prevalent in these days of advanced civilization are often the outcome of over-indulgence and other dietetic errors. The man or woman who is moderate in all things including the consumption of food stands the best chance of attaining a ripe old age."

Food in Fevers.

Preliminary considerations :—

Fevers in Ayurved had been classified into three main clinical groups :

(1) Fevers due to derangement of doshas.

(2) Fevers due to derangement of both doshas and dhatus (tissues)—"*Bishama*" fever.

(3) Fevers due to accidents and surgical conditions ; "*Agantuk*" fevers.

(1) Fevers due to derangement of doshas.

These have been subdivided into 3 groups :—

(*a*) due to derangement of one dosha or simple fevers,

(*b*) due to derangement of two doshas or slightly complicated fevers,

(*c*) due to derangement of "Tridosha" severely complicated fevers (Sannipat fevers)

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(*a*) Due to derangement of one dosha.

(*i*) *Vayu* fever—due to derangement of the vegetative Nervous system—Simple continued fever, duration up-to 7 days. It corresponds to Dengue, Influenza, three day fever, seven-day fever, etc., of modern medicine.

(*ii*) *Pitta* or Bilious fever due to derangement of Pitta (Katabolic Endocrines)—Simple continued fevers, duration up to 10 days.

(*iii*) *Kapha* or catarrhal fever due to derangement of Kapha (Annabolic Endocrines)—Simple continued fevers, duration up to 12 days.

(*b*) Due to derangement of two doshas.

(1) *Vayu-pitta fever*—due to derangement of the Sympathetic and Katabolic Endocrines—Simple continued fever, duration 7 days, a little more complicated than Vayu fever.

(2) *Kapha pitta fever*—due to derangement of the entire Endocrine system. Simple continued fevers—duration 7 days.

(3) *Vayu-kapha fever*—due to derangement of Para-sympathetic and Annabolic Endocrine. Simple continued fever—duration 9 days,

The above are all fevers of "Short duration" of modern medicine.

(*c*) Due to derangement of Tridosha.

Sannipat fever—This is due to derangement of both the vegetative Nervous system and the entire set of endocrine glands. This is the most complicated groups of fevers of "long duration" and are continued fevers. Ayurveda had described 27 clinical varieties which include all acute infections causing fever.

(2) Fevers due to derangement of both doshas and dhatus or tissues or bishama fevers.

Bishama fevers are intermittent fevers due to primary derangement of dosha with secondary derangement of Dhatu (tissue) or simultaneous derangement of both.

The following clinical varieties are described which, except *Sukra-gata* fever, are all different kinds of malarial fever,

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(*i*) *Rasagata*—The "Rasa" dhatu (chyle) is involved. Just as blood is considered a tissue in the broader sense in modern medicine (supporting) so chyle is considered a tissue in Ayurveda. The fever is known as "Santata" and corresponds to remittent type of malaria (fever coming every day on fever).

(*ii*) *Raktagata or Satata*—Here the "Rakta" dhatu (blood) is involved. It corresponds to double Quotidian variety.

(*iii*) *Mansagata of Anyaduska*—Here the muscular tissue is involved. It corresponds to Quotidian variety.

(*iv*) *Medo-gata or Tritiyaka*—Here the fatty tissue is involved. Probably the fat metabolism is upset. It corresponds to Tertian fever.

(*v*) *Majja and Asthigata fever*—Here the bone and marrow are involved. It corresponds to Quartan fever.

(*vi*) *Sukra-gata fever*—Here the seminal tissue is involved, due probably to infection of the genital tract. This fever corresponds probably to Hæmoglobinuria or Black water fever (?)

Chronic fevers in Ayurveda.

(*i*) Durjalajanita—Fever ending in Cachexia.
(*ii*) Prolapak— „ in Tuberculosis
(*iii*) Bata-Bilasak— „ in Dropsy.

According to duration fevers are classified in Ayurveda as follows :

(1) Taruna—duration up to 7 days
(2) Madhya „ „ 11 days
(3) Puratan „ „ 20 days
(4) Jirna „ beyond 20 days
(5) Ati-jirna „ long continued.

In acute fever (Taruna jwara) the "Am-Rasa" or digestive enzymes and hormones are deranged resulting in production of deranged chyle. Such a fever is called *shyam* fever. When the fever is off and the digestive enzymes and hormones begin to secrete, the resulting chyle is pure and such a stage is known as '*Nirama*' stage (convalescence has begun.)

Food in "purba-rup" or premonitary stage of fever.

The premonitary symptoms of fever are lassitude of the body, disturbance of mind, depression of spirits, watery eyes, alternate

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heat and chill of the skin, heaviness and pain all over the body, etc.

If these are associated with much yawning—Vayu-fever results; if with loss of appetite, "Kapha"-fever, and if with much burning of skin, "Pitta"-fever.

In the premonitary stage of Vayu-fever it is enjoined to take some fatty food, *e.g.*, "Ghee" The importance of Lipoids in relation to the process of Immunity is recognised in modern medicine (vide Kolmer—Infection and Immunity).

Similarly in the premonitary stage of "Pitta"-fever it is advised to give a purgative to remove the biliousness, and in "Kapha" fever an emetic to remove the phlegm in catarrhal fever.

Food in acute fever (Nava-jvara).

Considering that the "Am-Rasa" (digestive enzymes and hormones) are deranged, it is advised to fast (Langhan) the patient, so that the derangement of "Am-Rasa" is corrected.

In the case of a strong adult it is enjoined to fast him up to 7 days in "Vayu"-fever, 10 days in "Pitta" fever and 12 days in "Kapha"-fever.

Though it is advised to fast each patient, unless contraindicated up to the days limited in each class of fever, yet it is strictly enjoined to break the fast, as soon as the Am-Rasa is corrected, when the secretions and excretions (perspiration, proper urination and movement of the bowels etc.) are free.

Even if the Am-Rasa is not corrected as in more complicated fevers, no more fasting is advised beyond the time limit, as the patient's vitality will be lowered and vitality is the important factor which fights the disease.

Drinks, medicated or otherwise, are freely allowed during the period of fast and simple vegetable decoctions are given as medicine to unlock the secretions and excretions. In the case of simple fevers, these simple procedures are enough to correct the Am Rasa and the patient is free from fever and reaches the Niram stage.

In persons in whom fasting is contraindicated, *e.g.*, weak and debilitated individuals, old men and children and pregnant women, it is advised to give light easily-digestible foods according to the patient's need and nature of fever.

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In Kapha or Vayu-Kapha fever—give soup of "masur" (Vicia Lens)

In Pitta-Kapha fever—give soup of "mug" (Phaseolus mungo)

In Pitta or Vayu-Pitta fever—give the above medicated with embelic myrobalan.

In Pitta fever with much burning and thirst—give 'Laja paya' (khai-manda).

Other foods recommended are fruits and fruit juices, soup of meat, Java-paya (Barley gruel), water in which "chira" (thrashed and sun-dried paddy when unripe) is soaked and strained, sugar-candy etc.

Khai-manda is prepared by macerating freshly prepared Khai (fried paddy) in water and straining it.

Drink in fever.

In fever due to derangement of Vayu or Kapha give hot water to drink. Analogy we find in the drinking of hot lemonade in the beginning of an attack of cold.

In Pitta or bilious fever give cold water to drink medicated or otherwise, *e.g.*, Sadaya Paniya (already discussed). Other prescriptions are :—

Re/
Dhania (coriandar)
Palta (leaf of Tricosanthus Dioica)
To boil in water and give when cold. It acts as a specific.

Re/
Gambhari fruit (Gwelina Arborea)—laxative.
Phalsa (Grewia Asiatica)—acid soothing.
Mahua (Bassia Latifolia)—acid, stimulant.
Boil in water and give when cold—relieves thirst and burning.

Re/
Raisins
Anantamul (Hemidesmis)—fragrant.
Sugar
Boil in water and give when cold.

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Food after fasting.

As soon as fasting is over and the fever is off or less, it is advised to give Javagu (Rice gruel) medicated or otherwise, unless contraindicated.

It is contraindicated—

(1) If fasting is severe and disgestion is weak, give easily digestible foods like Tarpan (fruits), pomegranates, grapes, dates, piyal (Buchanonia Latifolia). This is to be followed by Lajapaya (Khai-manda) which is particularly indicated when fever is associated with diarrhœa. It is much easier of digestion than Rice gruel. Then he should take Barley, gruel medicated or otherwise, then Rice gruel medicated, if necessary.

(2) When there is excess of Kapha or when fever is due to alcoholism or when seasonal, occurring in summer months, or when fever is due to Pitta deranged or when fever is associated with hæmatemesis In these cases give fruits, khai mixed with a little honey (Laja-Tarpan), khai-manda, soup of pulses, meat or fish, fruit juices etc., according to indications.

Javagu or Rice gruel.

Three kinds of rice gruel are described according to strength depending on the quantity of rice mixed with water.

(1) *Manda*—is clear liquid and containing no sediment. Rice 1 part is boiled with 19 parts of water. Such a food is soothing, digestive, appetizing, removes derangement of doshas, soothes the excited circulation in fever, induces perspiration, relieves thirst and lassitude.

(2) *Paya* - more liquid, less sediment. Rice 1 part is boiled with 11 parts of water. Such a food removes hunger and thirst in fever, checks fever heat, appetizing and digestive.

(3) *Bilapi*—less liquid, more sediment, palatable, appetizing, relieves thirst.

As strength and appetite returns, the quantity of water is progressively reduced to 5 times that of rice, when "anna" (rice) is prepared and given when the patient is fever-free.

Food after fever is off.

After Kaphaja fever—give rice with juice of "mug"
" Pittaja " — Do. sweatened
" Vayu " —give rice and meat soup.

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After food give sugarcane juice, whey or wine to digest the food according to indications.

Discussion of food to be given in the different varieties of Fever (Niram stage).

Vayu fever.

Give rice with meat soup ordinarily unless there is constipation, when instead of rice, give with meat juice raisins (kismis) and embelic myrobalum.

This food is intended to rouse up the Nervous system depressed by hard work, overfasting; etc., which induces a condition of vagotonia and fever.

If with Vayu fever there is pain at the sides give "paya" (Rice gruel) with Kantikari (Solanum xanthocarpum—expectorant) or Gokshura (Tribulus Terrestris—diuretic)—The idea is to give the paya with diuretic if pain is situated on the kidneys or with expectorant, if situated on the side of the chest.

If with Vayu fever there are such symptoms as cough, respiratory trouble or Hiccough, give "paya" with "Salpa Panchamul" (specific for cough). This is good also in 'Kaphaja' fever.

Pittaja Fever.

In this fever associated with burning, shivering, weakness and thirst give pulv Khai (fried paddy) with honey and sugar—good in Sannipat with excess of Pitta.

In *Niram* stage of Pittaja fever give soup of "mug" (Phaseolus mungo—a pulse) with Rice prepared from 1 year old "Dadhkhani" variety and sugar.

We have already referred to other kinds of food combinations in "Pittaja" fever.

Kaphaja Fever.

In this fever in the Niram stage give Rice and "mug" soup also but without sugar (which makes the bronchial secretion thick and prevent free expectoration).

In the febrile stage give "khai" prepared from "dadhkani" rice.

Other food combinations have been already stated as suitable in this class of fevers.

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VAYU-PITTAJA FEVER.

In this fever, specially when associated with much burning, give mug soup with juice of embelic myrobalum or pea soup. In other words, pulse soup and not farinaceous soup should be given.

Other food combinations have been already noted.

VAYU-KAPHAJA FEVER.

After the 7th day when appetite is a little sharpened after fasting give "Manda" with Brihat Panchamul (specific for Vayu).

Other food combinations have been already noted.

IN PITTA-KAPHA FEVER.

If with the fever there is associated vomiting, burning, itches, give mug (if Pitta is in excess) or masur (if Kapha in excess) as soup prepared with ginger and "Palta" (leaf of tricosanthus dioica), the former to relieve "Kapha" and the latter to relieve "Pitta."

Or give the above soup with Palta and Coriandar if Pitta is in excess.

IN SANNIPAT FEVER.

Give Khai-manda with decoction of Dasamul (specific for Vayu and Kapha). It is digestive, induces perspiration and sharpens the appetite.

Special Food combinations in Acute fever (Nava jvara).

In acute fever, to sharpen appetite give Khai-manda medicated with decoction of long Pepper and Ginger.

In acute fever with constipation and pain below the umbilicus give "Paya" of Rice with Raisins, root of Long Pipper, Ginger and root of "Lal Chita" (Plumbago Rosea—digestive.)

In Sannipat fever give rice or barley gruel medicated with—

Kantikari (S. Xanthocarpum)—Expectorant
Duralava (Alhagi Mavrorum)—Laxative
Gokshur (Tribulus Terrestris)—Diuretic.

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Some Medicated Foods in Fever.

(1) *Medicated Java-paya* (Barley gruel) :—

If with Constipation—give with Long Pepper and embelic myrobalan.

If with severe hacking Cough—give with Brihat Panchamul.

(2) *Medicated Laja-paya* (Khai-manda) :—

If Alkasis is suspected and the patient longs for acid—give with pomegranate juice and rock salt.

If Diarrhœa or excess of "Pitta"—give cold Laja-paya with honey and dried ginger.

If little appetite—give with Long Pepper and dried ginger.

(3) *Medicated Javagu* (Rice gruel).

"Javagu" should be prepared with Raktasali (Dadhkhani) Rice, as it is lighter of digestion.

If pain at the sides—with Gokshur (T. Terristris) or Kantikari (S. Xanthocarpum).

If Diarrhœa, give with—

Chakulia (Uraria Lagpoides)—anti-catarrhal.
Barela (Sida Cordifolia —astringent.
Pulv Bael or Bael "Sunt"— do.
Padma (Lotus) stew—sedative.
Coriandar and dried Ginger—Carminative
Juice of Pomegranate—slight acid.

If Cough, Hiccough or Asthma—give with Salpa Panchamul.

If Constipation with pain at the rectum—give with the following :—

Trikatu—carminative.
E. myrabalum—astringent.
Raisins—laxative.

If cutting pain at the rectum, give with—

Bael fruit—astringent.
Barela (S. cordifolia)—astringent.
Plum and Tamarind—acid.
Dried ginger—carminative.
Salpani (Desmodium gangeticum) and
Chakulia (uraria Lagoipoides)—both anticatarrhal, relieves mucous.

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If perspiration is absent but thirst and insomnia present—give with Dried ginger, Embelic myrabolan and sugar.

In Vayu-Kaphaja fever—with Brihat Panchamul.

In Kaphaja fever—with Salpa Panchamul.

In Sannipat fever—with Dashamul.

In Kapha-Pittaja fever—with Long Pepper and Coriandar.

To sharpen appetite—with Long Pepper and dried Ginger.

In Tridosha deranged—give with

Kantikeri—expectorant.

Gokshura—diuretic.

Duralava—laxative.

In Pittaja fever—give with

Honey—demulcent.

Mutha (C. Rotundus)—diaphoretic.

Indrajava—(seed of Holarrhœna antidysentrica)—*Vermifuge*.

"Javagus" are medicated in 2 ways :

(*i*) *Kalka-Sadhya Javagu*—Medicines are made into a paste and boiled with Rice and Water in the proportion of 2—6 tolas of medicine with 4lbs of water, boiled and reduced to 2 lbs.

In case of strong medicines like Ginger and Long Pepper—give 2 tolas ($\frac{4}{5}$ ounces).

In case of moderately strong medicines give 4 tolas as in case of "Ganiari".

In case of weak medicines give 6 tolas as in case of "Bamanhati".

(ii) *Kvath Sadhya Javagu*—here the rice is boiled in decoction of medicine. The proportion of water to prepare decoction (Kvath) is as follows :—

Medicine (2—8 tolas)—water 6 lbs boiled down to 2 lbs.

" (9—32 tolas) " 8 lbs " 2 lbs.

(*To be continued.*)

Dyspepsia caused by eating Cocoanut is cured by eating a thick piece of Chiretta or a small quantity of uncooked rice.

Dyspepsia brought on by eating mango is cured by a drink of milk, or by sucking sugar-candy.

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VEGETABLE MATERIA MEDICA.

—o—

THERAPEUTICS OF DHATURA

BY

VISHAGBHUSHAN KAVIRAJ A. C. BISHARAD, M. R. A. S. (LOND.)

SAYNONYMS :—

SANSKRIT :—Dhustur, Dhutra, Unmatta, Debika, Kitab, Turi, Mahamohi, Shivapriya, Matula, Madana, Kanaka, Kharjughna, Kantaphal, Ghantapushpa, Shattha, Tarala.

The fruits are called *Matula-putraka.*

HINDI :—Dhatura.

MAHRATTI :—Dhattur, Dhoba.

KANARESE :—Kareer, Madakunike.

TELEGU :—Unmetta-chettu, Nallaunmetta chettu.

TAMIL :—Karu-umate.

GUJRATI :—Dhanyturi.

CEYLON :—Kaluattan.

ARAB :—Jojamasib, Jojnahi, Zatura.

ENGLISH :—Thorn apple, Stramonium.

LATIN :—Datura Fastuosa *Linn*, Datura Alba. (*Rumph*).

HABITAT :—Abounds almost in all parts of India and specially in Bengal.

DOSE :—In Rabies : *Juice* of the leaves ½ to 1 tola. In other cases :—5 drops.

Seeds.—2 to 3 grains.

Roots.—⅛ to ¼ tola.

VARIETIES AND PHYSICAL CHARACTERS:

According to *Rajanighantu* there are five varieties of Dhatura giving white, blue, black, red and yellow flowers, of which the black variety called *Kanak Dhatura* is recommended as the best. *Dhanwantari* in his *Nighantu* does not mention about these several varieties. *Rajanighantu* recognises three varieties, *viz.*, *Dhustura, Krishna Dhustura* and *Rajadhustur*. Here we find

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also *Krishna Dhustur* described as *Kanak* which is recognised by the practitioners of modern times. The flowers, fruits, leaves and the entire plant of *Krishna dhutura* is of deep colour.

There are some differences of opinion regarding the identification of Kanaka-Dhatura. The Tantric Yogis use the yellow variety as Kanak Dhatura and they ascribe more potency to this variety. The Tantric preparations described at the end of this article are products of the yellow variety and I have found them very effective. The medicines prepared with the black variety did not produce the same rapid effect as in case of those prepared with the yellow variety. But as all the Nighantus are in one in describing the black flowered variety as the Kanaka Dhatura, it requires proper proving to differentiate between them.

DESCRIPTION IN THE VARIOUS NIGHANTUS.

PARTS USED :—The entire plant with seeds, leaves and roots is used in medicine.

धुस्तूरो मदवर्णाग्निवातक्लज्ज्वरकुष्ठनुत् ।
कषाथो मधुरस्तिक्त युकालिक्षाविनाशक: ।
उष्णो गुरुव्रणश्लेष्म कण्डु क्रमि विषापह: ॥
वेदनाहरणो निद्राजननो मूत्रवर्द्धन: ।
समन्तत: प्रलेपेन कर्णीनिकाप्रसारण: ।
धुस्तूरधूमपानेन श्वासस्तूर्णं प्रशाम्यति ॥—*Bhabaprakasha.*

धुस्तूरो मदवर्णाग्नि वान्तिक्लज्ज्वरकुष्ठनुत् ।
उष्णो गुरुव्रण श्लेष्म कन्डू क्रमि विषापह: ॥
कषाथो मधुरस्तिक्तो युकालिक्षा-विनाशक: ।
वेदनाहरणो निद्राजननो मूत्रवर्द्धन: ।
समन्तत: प्रलेपेन कर्णीनिका प्रसारण: ।
धुस्तूर धूमपानेन श्वासस्तूर्णं प्रशाम्यति ॥—*Madanpal.*

धुत्तूर: कटुरुष्णश्च कान्तिकारी व्रणार्त्तिनुत् ।
त्वग्दोषखजुकण्डुतिज्वरहारी भमप्रद: ।—*Rajanighantu.*

धुत्तूर: कटुरुष्णश्च कान्तिकारी व्रणार्त्तिनुत् ।
कुष्ठानि हन्ति लेपेन प्रभावेन ज्वरं जयेत् ।
त्वग्दोष खर्जुकण्डुति ज्वरहारी भमावह: ।
—*Dhanwantariya Nighantu.*

धुत्तुरो मदमुर्च्छाकृत् कफघ्नो वह्निपित्तकृत् ।
—*Rajaballabha.*

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Dhatura is described as intoxicating, narcotic, anodyne, stimulating, heavy, appetiser, errhine, Vayu-producing, useful in fever, skin diseases, kapha, worms, infective parasites and poisoning, etc. It is astringent, sweet and bitter in action and taste. It allays pain, induces sleep and increases flow of urine. If applied externally on all sides it dilates the pupil of the eye. The smoking of the dried leaves gives instant relief in asthmatic fits.

STANDARD PRESCRIPTIONS.

Swalpa Jwarankusha—

Mercury Sulphur Aconite Ginger Long pepper Black pepper	...	Each 1 part
Dhatura seeds	...	two parts

Rub them together with lemon-juice and divide into 4 gr. pills.

These pills are very useful in acute fever attended with catarrh or cough. Other preparations of the same nature are :— Nava Jwarankusha, Katari, Jwarankusha, Naradiya Laxmibilas, Jayamangala Rasa, etc.

The Datura in the from of expressed juice of the leaves, seeds, the roots and the whole plant, is largely used in the preparation of pills, and medicinal oils which will be gradually treated under their respective places.

IN INSANITY.

(1) श्वेतोन्मत्तोत्तर दिङ्मूल सिद्धस्तु पायसः
गुड़ाज्यसंयुतोऽन्ति सर्व्वोन्मादांस्तु दोषजान्। —*Chakradatta.*

The root bark of Datura boiled in milk and administered mixed with clarified butter and treacle is recommended as a reliable medicine in the treatment of insanity. The following preparation is generally used as convenient in form :—

Rootbark of Datura—¼ tola.
Powdered old rice—5 tola.
Water— ½ seer
Pure Cow's Milk— 1 seer.
Sugarcandy— 1 oz.

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Mix and boil gently till the rice is well-cooked. The above should be given in 2 or 3 doses according to the strength and condition of the patient.

In Rabies.

Fresh Punarnaba Root (Bœrhavia diffusa)—½ tola.
„ Datrua Root— — ¼ tola.

Prepare into a paste with cold water or cold milk and administer internally to the patient.—*Sushruta.*

In Indigestion.

Indigestion produced by the abuse in eating of wheat, Bengal gram, pea, *moong* and *chana* is cured by taking internally the seeds of Datura.

In Elephantiasis.

The internal administration of the seeds in graduated increasing doses cures the most virulent type of Elephantiasis. —*Bangasen.*

As a Parasiticide.

The fresh juice of the leaves 5 drops given in butter milk cures worms and other internal parasites.—*Bhavaprakasha.*

In Alopecia.

The fresh juice of the leaves applied on the affected part and rubbed in well removes alopecia.—*Bagbhata*

In Eye diseases.

In eye-diseases resulting from the disintegration of *Vayu*, an *anjan* prepared of the roots of Datrua is effective.—*Harita.*

In inflammation of the Breasts.

A paste prepared of raw turmeric and Dhatura leaves applied externally removes the inflammation of the breasts.

—*Bhabaprakasha.*

Chakradatta speaks of निशाकनकफलाभ्यां लेपश्चापि स्तनार्त्तिहा *i.e.*, a paste composed of turmeric and *Datura* fruits is prescribed as an external application.

In lice.

Prepare a paste and juice of Datura leaves and boil them along with oil, till the juice is reduced, then take out and strain through a linen and use to kill the lice.—*Bhabaprakasha.*

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In Psoriasis.

Sesamum oil prepared in the usual way with Datura seeds, alkaline water made with माषक (Colocasia Indica) is useful in psoriasis.—*Bhabaprakasha.* *Chakradatta* also confirms the above prescription.

The fresh juice of the leaves mixed with opium and rock-salt is used as a very effective application in subduing inflammatory conditions.

In sores in the Ears.

Take of juice of the fresh leaves—1 seer (2 lbs.), Turmeric—8 tolas, sulphur 8 tolas and Mustard oil 1 seer—Prepare in the usual way of तैलपाक (preparation of medicated oils). Bottle up when ready. Fill in the ear-hole with this oil stopping the passage with cotton. The sores inside will be cured within a short time.—*Chakradatta.*

The practice of smoking stramonium leaves in nervous asthma owes its origin in India, as would be found by a reference to page 469 of the Bengal Dispensatory. It cannot be traced how the practice first originated, as no mention is made of it in any of the old standard Sanskrit works.

Tantric Prescriptions.

Nalita-leaves	... 2 tolas.	Prepare into a paste and apply as a curative external remedy in rheumatic and gouty pain and inflammations.
Garlic	... 1 tola.	
Salt	... 2 tolas.	
Datura Root	... 2 tolas.	
Raw Ginger	... 2 tolas.	
River silt	... 2 tolas.	

Bishatinduk Yoga.

The seeds called माकड़ाशृंगार and sulphur in equal proportions corrected by rubbing with the fresh juice of the leaves of Datura and then fried in human bone-marrow is an effective curative agent in fistula.—*Prayog Chintamoni.*

Clarified butter (cow's) in which a paste of Datura fruits is well fried is useful in curing sores and ulcers.

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The following preparation is used as an external application in impotency, where the organ is emaciated :—

Clarified butter—½ seer
Datura fruits paste—4 oz.
Fresh juice of leaves—8 oz.

Boil together until the juice is evaporated and the paste is well-fried like cinder. Then take out and strain through a linen and preserve. The oil should be rubbed gently in, followed by dry heat, at least twice a day.

In poisioning it is advised to induce vomiting by internal administration of its *arak* (Tincture ?)—*Arka Prakash.*

The same book recommends Datura Tincture as useful in destroying rabies.

The roots of the greens called *Natiya* (*tanduliyam*) is the antidote of Datura poisoning.—*Bridha Sarangadhur.*

FROM KHORY'S MATERIA MEDICA OF INDIA.

CONSTITUENTS :—The leaves contain an alkaloid *daturine* mucelage, albumen and ash, 17%, which contains potassium nitrate 25%. The seeds contain daturine, resin, mucilage, proteids, malic acid, Scopolamine and ash 3%.

ACTIONS AND USES :—Narcotic and anodyne ; other properties are similar to those of belladona, but stronger. It affects sympathetic nervous system, but not the motor or the sensory nerves. In full dose the heart's action becomes irregular and there is furious delirium. Like atropine, hyoscyamine and duboigine it acts as a mydriatic. As an antispasmodic it is given in hepatic colic, laryngeal cough, chorea, stammering, etc. In dysmenorrhea, neuralgia, tic douloureux and Sciatica it is very useful. In nymphomania and in peurperal mania with a tendency to suicide it is given with benefit. Pulvis stramonii compositus is burned on a plate and the fumes inhaled. Cigarettes of Datura tatula are used in nervous attacks of asthma. Externally a paste of the seeds is used in urticaria and other skin diseases due to the presence of lice or other animal parasites. It is also applied to decayed teeth and to relieve tooth-ache. Datura seeds are frequently used in India for criminal purposes. The natives apply a medicated oil to the head in headache, to enlarged testicles and boils ; and to the skin in skin-diseases as pediculi lice and psoriasis. Datura juice with the root of Bœrhavia diffusa (*punarnava*) and opium is used as an application for the relief of rheumatic pains and swelling over the hands and feet. 'In hœmorrhoids, fissures and other painful diseases of the rectum leading to tenismus its application as a local anodyne ointment gives relief".

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Medical News and Notes.

—:o:—

DR. U. RAMA RAU'S BILL.

(To be introduced in the Council of State.)

A BILL

To regulate medical education in India.

[*N. B.*—As the Bill, if passed into law, is to affect greatly the Indian systems of medicine, opinions on same are invited by the Editors from Vaids all over India, for publication in the Journal of Ayurveda.—*Managing Editor.*]

Whereas it is expedient to provide for the regulation of medical education in India ; It is hereby enacted as follows :—

1. SHORT TITLE AND EXTENT.

(*1*) This Act may be called the Indian Medical Education Act, 192 .

(*2*) It extends to the whole of British India.

2 COUNCIL OF MEDICAL EDUCATION.

(*1*) A Council called the Council of Medical Education shall be established and such Council shall be a body corporate and have perpetual succession and common seal, and shall by the said name sue and be sued.

(*2*) The said Council shall consist of the following members, registered under this Act and in the case of the first election under the Medical Acts of the Provinces in India, and shall be appointed in the following manner :—

(*a*) The PRESIDENT to be nominated by the Governor-General-in-Council in the case of the first election, and from the second election of members to the said Council to be elected by a majority of members under regulations made for the purpose.

(*b*) Seven members including the President for the first session, to be nominated by the Governor-General-in-Council, at least four of them being from the teaching staff of institutions recognised by rules under this Act.

(*c*) One member to be elected by the Senate of every University in India established by an Act of the Government of India.

(*d*) One member from each province, to be elected by medical practitioners registered under the Medical Act of the province holding a qualification of a University situated in that province.

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(*e*) One member from each province to be elected by Medical practitioners registered under the Medical Act of the province other than those who hold a qualification from a University in that province.

(*f*) Four members to be elected by practitioners registered under the Medical Acts of the provinces in India, who have been on the teaching staff of institutions giving instruction in independent schools or methods of medicine.

(*3*) Elections of members to the said Council shall be held at such time and place as the Council shall direct by rules or regulations made from time to time in this behalf. Elections for the firsr time will be held within six months from the date of the passing of this Act.

(*4*) If any of the electorate bodies in sub-section (*2*) of this section do not elect a person to be a member of the said Council by such date as may be prescribed by rules under this Act, the Governor General in Council shall nominate a member in his place, and any member so nominated shall be deemed to be a member as if he had been duly elected by such body.

3. Term of Office and Cessation of Membership.

(*1*) The members of the Council shall hold office for a period of five years and shall be capable of reappointment.

(*2*) A member of the Council shall be deemed to have vacated his seat—

(*a*) on his absence out of India for more than six months ;

(*b*) on his absence without excuse sufficient in the opinion of the Council from three consecutive meetings of the Council ; and

(*c*) on resignation addressed by letter to the President of the Council.

(*3*) On the occurrence of a vacancy under subsection (*2*) or on death of a member, some other person shall be appointed a member in his place for the remaining portion of the term of the member vacating his seat within two months from the date of such vacancy, by election or nomination, as the case may be, in accordance with sub-section (*2*) of section *2*.

4. Purposes of Council.

The purposes of the Council shall be to promote and effect,

(*1*) the establishment of a qualification in medicine equivalent to that which is registerable in the United Kingdom and the establishment of a qualification in independent schools or methods of medicine as shall empower the holders thereof to practise in all provinces in India ;

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(2) the establishment of register for India of medical practitioners and the publication and revision from time to time of such register ;

(3) the determination and fixing of the qualifications and conditions necessary for registration including—

(a) the conditions and the standard of general education for enrolment of a student for medical education ;

(b) the courses of studies to be pursued by students and the period to be taken for each course ;

(c) the examinations to be undergone ;

(d) the recognition of licenses or diplomas granted by any foreign medical authority and arranging and bringing into effect any schemes of reciprocity as to registration with any foreign medical authority ; and

(e) other requisites in general for registration including the legal status and privileges of registered practioners, proceedings of inquiry into the conduct of registered practioners, removals from the register and appeals thereon ;

(4) The establishment and maintenance of Inspectors of medical education to secure a suitable standard of proficiency in medical education ;

(5) The establishment and maintenance of a Board of Examiners for examination and granting of certificates of qualification and the determination of the conditions necessary for delegation of these powers to other bodies.

5. REGULATIONS.

(1) The Council shall make regulations to carry out the purposes of section 4 and to regulate—

(a) The direction, control and management of the Council,

(b) appointment, conditions of service and duties of the registrar or secretary and other officials and employees,

(c) summoning and holding of the meetings of the Council, the time and place where such meetings are to be held, conduct of business thereat, and the number of members to form a quorum,

(d) the grant of fees and travelling allowances to members of the Council for attendance at the Council and its Committee meetings,

(e) the powers and duties of the President, the Vice-President and selection of substitutes for these in their absence,

(f) the election, appointment, and functions of executive committee and other committees for general or special purposes,

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(*g*) holding and disposal of property and funds and supply of revenue and fees,

(*h*) fees for registration, re-registration and entries of additional qualifications,

(*i*) disposal of incorrect or fraudulent entries in the register, and

(*j*) such other matters not inconsistent with the purposes of the Act.

(2) No regulation made under this section shall have effect, unless the same shall have been previously sanctioned by the Governor-General-in-Council.

(3) All regulations made under this section shall be notified and objections thereto called for in the Government of India and the Provincial Gazettes, at least two months before they are submitted for sanction to the Governor-General-in-Council.

6 CONTROL

If at any time it shall appear to the Governor-General-in-Council that the Council has failed to exercise or has exceeded or abused any of the powers conferred upon it under this Act or has failed to perform any duty imposed upon it by this Act, the Governor-General-in-Council may notify the particulars of such default, excess or abuse to the Council, and if the Council fails to remedy such default, excess or abuse within such time as the Governor-General-in-Council may allow, the Governor-General-in-Council may for the purpose of remedying such default, excess or abuse, cause any of the powers and duties of the Council to be exercised and performed by such agency and for such period as he may think fit.

STATEMENT OF OBJECTS AND REASONS.

This Bill proposes to establish a Council on the lines of the General Medical Council of the United Kingdom for organising and controlling medical education, under the direction of the profession in India. The existing Provincial Medical Acts have more to do with ethics and discipline, while the function of direction and control of medical education is not yet on a constitutionally democratic basis. The present Bill supplies this want. To avoid conflict with the existing enactments and powers of bodies created by them, all matters of internal management and devolution of the powers of control are left to regulations under this Bill so as to facilitate adjustment of these questions in consultation with all such bodies as circumstances require. This procedure will, it is hoped, lead to an establishment of conventions between the central and the subsidiary bodies, which may result in additions to this law if found necessary. Provision has also been made for reservation of

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extraordinary powers of control with the Executive Government as is usual with such laws.

The second principle embodied in the Bill is the establishment of a qualification in the (indigenous) methods of treatment which are independent of the Western medical science, but which administer to the needs of a large population in this country. Canada and some States in America having a population composed of immigrants from different countries have allowed the right of registration to persons qualified in systems other than the modern or the Western medical science, and the medical councils there accommodate some members from such schools who sit with the members of the modern school of medicine for the common weal.

The problem in India has a similar aspect. Masses and even the educated amongst them have proclivities towards the indigenous medicine. Religious susceptibilities make many even on death bed, especially in the rural tracts, refuse a Western medical man's potion. Institutions giving instruction in indigenous systems and supplementing these courses with elements of the basic physical sciences are being established and earnestly supported in all provinces, not only by the educated and philanthropic people, local bodies and Provincial Governments, but by persons qualified in Western medicine as well; while some highly qualified medical men have been advocating the cause of the indigenous system not less enthusiastically. Provincial Governments have as well to accede to the demands from local bodies for paying towards the establishment and maintenance of such institutions.

It is, therefore, particularly necessary at this time, to put all such efforts on a uniform and well-organised basis, and to provide for a differentiation of the properly trained from the untrained, to whatever system a person claiming to treat a human being belongs. For want of such a provision, the amount of injury that is being done to the public requires serious attention. A bold way of providing for an organised and systematic means for training such persons is preferable to a benevolent indifference towards the indigenous art and its practitioners. Control of medical education in the hands of the Council of medical men taking a rational view of 'Science' and of those who after a qualification in modern medicine believe in and practise the art of the use of indigenous methods would serve a valuable guiding factor. Such a Council alone would be capable of moulding and determining the progress of medical education in this country. It is not desirable on the part of the profession in India to disclaim this duty. To say that the Western medical man will have nothing to do with the indigenous methods, even when they are so allied, is to forget that the medical man in India is first an Indian and as such he must take note of the surroundings he is in. He has not only to pursue his line but has as

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well to do his best to guide medical education as a whole into proper channels. His inertia in this matter would, on the other hand, create an atmosphere unhealthy to the public and the profession—if medical education in the indigenous arts is to grow independently, thus losing opportunities of assimilation and modernisation of the older arts. It is to avoid such results that the Constitution of the Council has been so drafted. The Bill, it is hoped, will serve a really useful purpose if it has the fortune to go successfully through all the stages of legislation.

MADRAS;
The 15th December, 1925. } U. RAMA RAU.

Extract from the Council of State Debates, Vol. VII, No. 8.

The Council assembled at Metcalfe House, Delhi, on Monday the 22nd February 1926.

* * * * *

INDIAN MEDICAL EDUCATION BILL.

THE HONOURABLE RAO SAHIB DR. U. RAMA RAO (Madras : Non-Muhammadan) : Sir, I beg leave of the House to introduce a Bill to regulate medical education in India.

The object of the Bill is clearly set forth in the Statement of Objects and Reasons appended to the Bill. Let me, however, make a brief statement explaining the necessity for and pointing out some of the salient features of the Bill. The Bill follows, in the main, the principles and procedure contained in the British Medical Act of 1886. The first attempt at medical reform in India was made in 1914, when the Madras Medical Registration Act III of 1914 and the Bengal Act VI of 1914 were passed. The other Presidencies and Provinces followed suit with the result that we have now 8 different pieces of legislation in 8 different Provinces pertaining to the registration of medical practitioners. The objects of the legislation undertaken in the Provinces are no doubt identical and they are (i) to constitute a body called the Medical Council, which is responsible for the preparation and maintenance of a register of medical practitioners possessing certain qualifications, and (ii) to secure that practitioners who are registered shall enjoy certain privileges and that those who are not registered shall suffer certain disabilities. Thus, it will be seen that the primary function of a Provincial Medical Council is merely to supervise the maintenance of the register of medical practitioners in the respective Provinces. The principal defects in the existing Provincial Medical Registrations Acts are lack of uniformity and full reciprocity. Further, these enactments have more to do with

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ethics and discipline than the organization, direction and control of medical education. The removal of existing anomalies and securing of uniformity and full reciprocity can only be obtained by legislation initiated by the Government of India and this Bill is intended to supply that want.

Another point to which I would like to invite the attention of this House is the attempt made in this Bill for the estabishment of a qualification in the indigenous methods of treatment which are independent of western medical science but which administer to the needs of a large population in this country. The Government of India and the various Provincial Governments have begun to recognize, of late, the usefulness of these systems of medicine and have even gone to the length of establishing indigenous schools of medicine in important provincial centres for imparting instruction in these systems. This Bill merely provides for a future contingency, when the degrees and qualifications in the indigenous systems of medicine come to be recognized by the proposed All-India Medical Council. The Council will then sanction the constitution and working rules and leave the rest to any Faculty of Indigenous Medicine that may come up hereafter. A similar device exists even in the General Medical Council of Great Britain where practitioners belonging to the homœopathic school of medicine are thus admitted to the Council. I am simply adopting that procedure here. With these words, Sir, I request the leave of the House to introduce the Bill.

The motion was adopted.

THE HONOURABLE RAO SAHIB DR. U. RAMA RAO : Sir, I introduce the Bill.

Extract from the Council of State Debates, Vol VII. No. 12.

The Council assembled at Metcalfe House, Delhi, on Tuesday the 2nd March, 1926.

* * * * *

INDIAN MEDICAL EDUCATION BILL.

THE HONOURABLE RAO SAHIB DR. U. RAMA RAU (Madras : Non-Muhammadan) : Sir, I beg to move that the Bill to regulate medical education in India be circulated for the purpose of eliciting opinions thereon before 1st July 1926.

Sir, in doing so, I do not wish to tread on the same grounds as were adduced already in support of this Bill, once again now. The Statement of Objects and Reasons clearly defines the scope and purpose of the Bill. The importance of this legislation cannot be minimized and the public must have their say in the matter. The Government too may be

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anxious to invite the opinions of Local Governments and the various Provincial Medical Councils on this Bill. I, therefore, move that the Bill be circulated and that public opinion be elicited before 1st July 1926, so that the Bill may be piloted through in all its other stages, during the Simla Session and passed into law without undue delay.

THE HONOURABLE SIR MUHAMMAD HABIBULLAH (Member for Education, Health and Lands) : Sir, I think the House will expect that I should at this stage indicate briefly the attitude of the Government towards this measure. I may at once state that the Government of India reserve their opinion until they have fully considered the expressions of opinion which the motion of the Honourable Mover is intended to elicit. All the same, Sir, I think I cannot refrain from making a few general observations. A cursory examination of the Bill has disclosed certain defects which I think I should bring to the notice of the House. Honourable Members will have observed that the Bill attempts to regulate the standard of qualifications for the purpose of the practice of indigenous systems of medicine, and this I venture to think is rather impracticable. Further, it seeks to place on the same register the practitioners of this system and those of the allopathic system, and I fear that it may lead to difficulties with the General Medical Council. Even in regard to the practice of Western system of medicine the Bill seeks to regulate standard of qualifications in respect of the Sub-Assistant Surgeon class as well, which for obvious reasons ought properly to be left to Provincial Governments. It is indeed significant that the Bill is silent in regard to the source from and the methods by which the various, or shall I say the long, catalogue of the activities of the proposed All-India Medical Council should be financed. It is, I take it, a truism which I need not stress that without finance no organisation can function; and perhaps, lastly, the proposed All-India Medical Board is rather unwieldy.

THE HONOURABLE RAO SAHIB DR. U. RAMA RAU : Sir, with regard to the observations made by the Honourable Member, I beg to point out that it is futile to depend on the allopathic system alone, should we desire to make medical relief available to every class of people in every corner of the couniry. The indigenous system has the merit of being or at least of becoming cheap if it is sufficiently encouraged. The first step in popularising it, is to systematise the training given in it and make it scientific. The late Director-General, Sir Pardey Lukis, while speaking of the Ayurvedic system of medicine said :

"The longer I remain in India and the more I see the country and the people, the more convinced I am that many of the empirical methods of treatment adopted by the Vaids and Hakims are of the greatest value and there is no doubt whatever that their ancestors knew ages ago many things which are nowadays being brought forward as new discoveries."

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There are similar opinions held by other competent foreigners who cannot be accused of national bias. Besides, the Ayurvedic system having been evolved in this country is better suited to the people, their habits and mode of life, their constitution, their temperament and their environment. It is hoped that no manner of opposition would be raised against this particular provision in the Bill and that under the fostering care of the would-be Council, each system will be allowed to grow independently of the other for the ultimate benefit of suffering humanity.

Sir, objection has been taken to coupling the Ayurvedic and Unani practitioners with Allopathic practitioners. In England, the General Medical Council has allowed that class of practitioners who practise Homœpathy to be associated with Allopathic practitioners.

It has also been said that the proposed Council is a very big body. I would merely point out in this connection that whereas in the British Medical Council there are as many as 42 members, my Bill provides only for 35 members. And I may further point out that it is not correct to say that the Sub-Assistant Surgeon class should be left to the Provincial Governments and should not concern the Government of India.

We have been told that the Government are averse or unwilling to interfere with the provincial transferred subject of medical education; but it must be understood that the regulation of medical and other professional qualifications is a reserved provincial subject and is moreover subject to legislation by the Indian Legislature. All-India legislation is therefore necessary. If I remember aright, some years ago the Government of India consulted all the provincial medical councils as to whether it was possible to have an all-India medical registration, on the lines of my proposed Bill, and I understand that most of the Provincial Governments gave a favourable opinion. Further, Sir, I have myself privately got the opinions of many of the associations and provincial councils and most of them are in favour of this Bill. I am only asking the Government to elicit further information; and if they do that and get favourable opinions, then the Government can themselves take up the matter. As regards the financial aspect of the question, when the Bill is referred to Select Committee, they can introduce provisions concerning the financial aspect. With these few words, Sir, I would suggest to the House to pass this motion.

THE HONOURABLE THE PRESIDENT: The question is:—

"That the Bill to regulate medical education in India be circulated for the purpose of eliciting opinions thereon before 1st July 1926."

The motion was adopted.

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Mahamahopadhyaya Pandit Gananath Sen's opinion on the Hon'ble Dr. U. Rama Rao's Bill to Regulate Medical Education in India.

1. So far as the statement of objects and reasons is concerned, Dr. U. Rama Rao has put his case clearly and the necessity of an Act to regulate medical education in India is quite obvious But the expression "Medical Education" should be defined clearly so as to include education in Ayurvedic medicine, Tibbi or Unani medicine and Homeopathy. Unless this is done, the bill will fail in its professed object.

2. The constitution of the Council as proposed in the Bill (Sec. 2) is not representative and does not give fair scope to exponents of systems of medicines other than the western Allopathic system. Unless the Council is made to fairly and fully represent all interests, it will not acheive the object in view of the framer and may, when passed into law, be handled as a weapon of oppression to check the growth and development of the Indigenous systems of medicine.

3. The purposes of the proposed council as stated in Sec. 4. of the Bill are very vague and do not clearly imply that the expression "medical practitioners" include practitioners of the Indigenous system and "the courses of study" include the courses of study of these systems as well. This is sure to lead to confusion.

4. Provided the defects pointed out above are amended, I fully endorse the Bill proposed by the Hon'ble Dr. U. Rama Rao.

Opinion of Purulia Kavirajes.

The Vaids of Purulia, Manbhum, take the following view of the Bill, which has been submitted to the Civil Surgeon of Manbhum :

With reference to the proposed Indian Medical Education Bill introduced By the Hon'ble Rai Saheb Dr. U. Rama Rao of Madras in the Council of State, we the undersigned Ayurvedic practitioners of Purulia beg to submit our opinion on the said bill for transmission to the authorities concerned.

In the first place, education in the indigenous method of treatment, specially the Ayurvedic system with which we are concerned need not be regulated by any State Law. To bring Ayurvedic Education under State-control will be against Indian History and tradition. It will take away the essence of Ayurvedic culture which is based not on constantly changing theories of modern science of the West but on eternal principles realised by sages who had attained super-sensuous in-sight into things. The truths they saw were communicated to their disciples from generation to generation and handed down to posterity with the

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only object of doing good to humanity. The system of transmitting the truths and giving training in practical treatment was never under any out-side control nor was it allowed to lower itself to a secular system. The teachers of Ayurveda have even up to this day with very few exception maintained the high ideal of imparting free education to deserving pupils and providing boarding and lodging for them at their own cost without any State help. They feel the necessity of improvement in education but want to stick to the system of self-organised institutions.

In the second place we have got serious objection to the proposed constitution of the Council which is meant to control medical education. The majority of the members of the Council will represent a system of treatment which is primarily supported by the State and likely to have preference of adoption of all indigenous system. The University medical graduates and other practitioners of the Western systems are generally trained against all indigenous systems which do not conform to their limited experimental methods and so these systems are likely to undergo undesirable transformation under their control. So we strongly protest against Ayurvedic Education being controlled by a Council which is said to be formed in a constitutionally democratic basis but in effect mainly represented by a particular class of medical practitioners who are imbued with an idea of superiority not altogether free from prejudice and bigotry.

Thirdly, the idea of mixing up western scientific method which is based on inductive generalisation of insufficient data and Ayurvedic system which is based on supersensuous realisation of thruths, is dangerous. Knowledge of Western science whether of Anatomy or Physiology may apparently appear to be helpful to an Ayurvedic student but it is likely to make him deviate from the principles from which he starts. It is very difficult for an analytical mind to acquire in-sight into truths synthetically conceived. So the proposed inter-mingling of scientific training according to the Western method with the Oriental method of preparing a synthetic mind is beset with grave consequences. The object of including indigenous methods of medical education within the Bill as mentioned in the Statement of Objects and Reasons is, therefore, open to objection.

Fourthly, the establishment of a qualification in medicines and setting up inspecting agencies for control may be theoretically very good suggestions but in a vast country like India where poverty is crushing the people nothing should be introduced which is likely to place the medical practitioners beyond the reach of the poorest people Ignorant persons taking upon themselves the responsibility of other peoples' lives is reprehensible, but to deprive a poor dying person of his possibility

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of cure altogether is cruel. The proposed Bill, if enacted into law, will compell a large number of Ayurvedic medical practitioners to give up their practice and consequently many villages which at present get their help in treatment will be deprived of that help. If any improvement is to be effected it should be left to indigenous associations representing the different indigenous methods for necessary action. The State should in no way interfere with the humanitarian work of any class, so long as the representatives of that class do not want it.

In conclusion we beg to submit that on the grounds stated above we protest against the Bill being enacted into law and got special objections to the inclusion of Ayurvedic Education within its scope.

PHARMACOLOGY.

In Pittaja Fever.

Patola leaves (Trichosanthes Diocia)

Coriander seeds

aa 1 tola

Boil in 16 oz. water reduced to 2 oz.

Administer in the first stage of Pittaja fever with honey. Acts as an eliminant of *Pittaja doshas* and as a febrifuge and laxative.

Blood Purifier and Febrifuge.

Patola leaves (*Palwal*)
Gulancha (*Gurach*)
Mustaka (*Motha*)
Chireta (*Kiratatikta*)
Neem-bark (*Azadirachta Indica*)
Khadir (*Kat, Catechu*)
Vasaka-bark (*Arusha*)
Parpata (*Daman Papar*).

The above in equal parts, total two tolas, smash and boil in 16 oz. water, reduced to 2 oz. Administer fresh with honey in fevers with boils and other skin diseases. It acts as an effective alterative, tonic and febrifuge.

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Drastic Purgative.

Patoladya Churna.

Root of Patola plant Turmeric Baberang seeds Kamela Powder The three myrobalans	}	*Two tolas each.*
Cinnamon Root of Indigo plant	}	*Three tola each*
Trivrit	...	4 tolas

Powder the ingredients finely and mix well.

Dose :—One drachm with cow's urine about 1 to 2 oz. After the use of the medicine light liquid food such as gurel should be given.

This prescription is generally used and found very effective as a drastic prugative in jaundice, anasarca and ascites, etc.

Patoladi Quath.

In *Pitta-Kaphaja* fevers with intense burning sensation of the whole body, sleeplessness, disinclination to food, vomiting, rashes, catarrh and cough, the following decoction prepared fresh and administered thrice daily every 4 hours acts as an eliminative, febrifuge and tonic :—

Patola leaves
Red Sandalwood
Murva Roots (*Sansvieria zaylanica*)
Katuki (*Kutki—Picrorrhiza kurroa*)
Patha (*Nemuka stephania hernandifolia*)
Gulancha (*Guduchi*)

All in equal parts, total two tolas, smash well, boil gently in half seer (16 oz.) water till reduced to 2 oz. To be given in one dose with honey.

Conjee removes dyspepsia brought on by a heavy fish diet.

If clarified butter is the cause of dyspepsia, lemon juice will remove it.

Rock-salt cures dyspepsia brought on by eating ripe plantain.

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CORRESPONDENCE.

———:o:———

BEEF-EATING IN INDIA.

Dr. ROY CRITICISED.

Sharma Lodge,

Patiala, Dated the 2nd July, 1926.

To The Editor,

THE JOURNAL OF AYURVEDA,

2, Harakumar Tagore Square,

CALCUTTA.

Sir,

Will you kindly allow me to make some comments on a passage from Mr. Ashutosh Roy's article the 'Food in Ayurveda' in the February Number of your Journal of Ayurveda.

Mr. Roy has displayed, no doubt, extensive studies in the Ayurveda in his various writings but in the above mentioned article he has concluded a very unscientific and irrational theory that does not cope with the fine genius of the author and deserves amendment. After giving the properties of beef from Charaka, Mr. Roy arrives at the following conclusion :—

"From the above it is evident that the ancient Hindus used to take beef when they came from Central Asia. Gradually as they reached the warmer climate of the plains they used to take it only in winter as the meat produces too much body heat. Afterwards they found it more economical to preserve than to kill, cows and bulls. The latter was of great use to them when they settled and became agriculturists in India. From the former they got milk, the principal food of infants and children, diseased and old individuals. To prevent the uneducated Mass who could not grasp thoroughly economical questons, religious injuction was issued not only to prevent killing of cows and bulls but to rear them carefully with kindness. Other meat was found equally good and cow killing was stopped."

This is the systematic procedure and this is the scientific conclusion which the author brings forth from the pages of Charaka when, they describe the properties of various forms of meat. A scholar like Mr. Roy should present better reasoning, in whose works generally the triumph of our profession glows.

The business of the authors of Ayurveda has been to describe the medical properties of all things with which men come in contact. To build upon the statement of medical properties of 'beef' a conclusion that Aryans were 'beef' eaters is absurd. Other men might be eating 'beef', not Aryans particularly, and the Ayurvedic doctors might have studied the influences of beef in those people, or they might have made special experiments to discover the influences of beef as now-a-days they are making with certain glands of monkeys to remove impotency. Can we for instance conclude that European nations are eating the flesh of monkeys if in certain European medical books the results of this

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particular research get entered ? Again, consider the mention of certain other substances like urine of man and fœcal matter. Their medical properties are also described in certain of our medical works. Bhava Misra for instance writes :—

नरमूत्रं गरं हन्ति सेवितं तद्रसायनम् ।
रक्तपामाहरं तीक्ष्णं सचारं लवनं स्मृतम् ॥

—*Bhava Prakasha, Mootra Varga.*

But this will never prove that the Aryans of those days were in the habit of drinking urine and eating fœcal matter.

That the ancient Hindus held beef eating in great abhorrence is evident from the passage in the tenth chapter of the Chikitsasthana of Charaka that describes how keenly the regret for the unholy act was felt by the people when a cow was killed by Prishadhra in a Yajna and how the physical and mental faculties of those that took the beef were destroyed.

Aryans lived in Central Asia originally and laterly migrated into India. A wonderful graft of beef eating theory upon a historical discovery !

It is not my business to explode the Central Asian theory of the origin of Man but I may request the followers of this that there are other theories equally powerful in the field. For the sake of brevity, I will only name them and their builders without much comment.

1. The Central Asian theory (the one followed by Mr. Roy) Spiegel, Schlegel, Lassen, Maxmuller and others believe in this.

2. The European theory. It has diverse followers. Thomas Check is for Eastern Europe, Von Lohar for Germany, Frederic Muller for Central Europe, so also Cuno, Lenden Schmidt for Northern Europe and Penka for Scandinavia, etc., etc.

3. The Arctic Teory upheld by M. De Saporta, Dr. Warren, Mr. Tilak and others.

4. The Indian Theory.

The last mentioned has been propounded and supported by great scholars like Mr. Louis Jacolliat, Count Bjornstjerna and others. They believe that India is the cradle of the whole human race or at least the Aryan race. Later researches by Mr. U. P. Krishnamacharya have clearly exploded the other theories and showed in a most rational and convincing manner that the first man really sprang from the soil of Northern India and no other place. Aryans ever lived here.

This discussion of these theories being no subject for the Journal of Ayurveda, only the skeleton of the facts has been presented to show that the very Central Asian theory on which Mr. Roy builds up his argument is fading before the light of more scentific and appropriate theories.

Always at Mr. Roy's service whenever he may please to question the accuracy of my statements.

Yours faithfully,
SHIV SHARMA,
Vidyalankar, Vaidya Shasthri.

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OBITUARY.

We learn with extreme regret the sudden death of Hakeem A. M. Abdus Salam of Madras, Editor the 'Hakeem and Vaidyan' (English) and the 'Sugathara Badhivi' (Tamil) medical journals devoted to comparative study of ancient Eastern and modern western medicine and author of several medical books (Tamil); Secretary, Unani Section, Indian Medical Association, Madras; Member of the Standing Committee of the All-India Vedic and Younani Conference, Delhi, Member of the Committee, Quddosia Tibbi College, Madras, Member, Executive Committee of the Eastern Medical Association of South India, Madras; Member, Governing body Younani Section of the Government Indigenous School of Medicine, Madras.



The late Hakeem Shahib was a broad-minded, liberal medical man free from dogma and bias towards the system he practised and was tolerant towards the other rival systems of medicine at present in vogue in India. He was a staunch supporter of Ayurveda whose regeneration he always had at heart. He was a true son of India, a great patriot in these days of communal tension. To him it may be said that he was an Indian first and a Mahomedan next. He was a quiet worker, silently working without much fuss about the regeneration of the Indigenous System of Ayurveda and Younani Tibbi. His untimely death at a comparative younger age is a great loss to our motherland. To us his death is a great personal loss.

We commend his broadmindedness, his tolerance, his absence of the Trade union spirit, his freedom from dogma and bias towards the medicine he practised to our countrymen to whatever sect of Medical practice he belongs. Our sincerest condolence to his brother Mr. A. Abdur Rahim, B.L., Vakil, Madras High Court, as well as to other members of their family in their recent bereavement.

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THE JOURNAL OF AYURVEDA

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The Late Kaviraj Jaminibhusan Roy

We regret to announce the death of Kaviraj Jaminibhusan Roy, M. A., M. B., Kaviratna, which melancholy event took place on the 4th of August at



about 10 in the morning at his Calcutta residence. His death was so sudden that we could hardly believe the report as nothing serious about him was konwn to us even the day previous. In his death not only Bengal but the whole of India has lost one

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of the staunchest and most whole-hearted supporters of Ayurveda. His was a life dedicated to Ayurveda ; he lived for Ayurveda and died for it.

Jaminibhusan was born at Poyagram in the district of Khulna in the month of Asar in 1286 B. S. His father, the late Kaviraj Panchanan Roy Kabichintamani was a learned Ayurvedic practitioner at Bhowanipur. He was not very rich yet his charity was great. He spent almost all he earned and left a debt of about Rs. 20,000 as a legacy for his son.

Jaminibhusan passed the Entrance Examination at the age of 14 from the South-Suburban School. He passed F. A., B. A., and M. A. in Sanskrit from the Sanskrit College and obtained the Gwalior Medal. He was the Goodeve Scholar of his time in the Calcutta Medical College and obtained his M. B. Degree in 1905.

He began his career in a rather modest way, but after some 8 or 9 years of practice, he managed to clear off his father's debt and buy a house for Rs 76,000 at 46, Beadon Street. When he first established his Ayurvedic Dispensary at Prosanna Kumar Tagore Street, he served as the chief Kaviraj at the Bagala Marwari Hospital for quite a long time at a very humble pittance just to gain experience.

Though versed in the Western system of Medicine, he was always an ardent lover of Ayurveda even from his boyhood as he got this liking from constant companion with his father. After finishing his studies in the Medical College, he studied the Hindu System of Medicine with the late Mahamahopadhyay Kaviraj Bejoyratna Sen. The desire of establishing an Ayurvedic College on modern scientifie basis was always in his mind which became first and foremost after he came in connection with Mahamahopadhyay Bijoyratna Sen and the present Astanga Ayurveda Vidyalaya is the glorious achievement testifying to the keenness and fervour of this desire.

He felt keenly with Late Surendranath Gossain, Rakhal Chandra Sen, and Mahamahopadhayay Gananath Sen that the present decadence of Ayurveda is due to the negligence of Anatomy and Physiology on the part of the mediaeval Ayurvedists and that the only means to uplift Ayurveda was to teach these Sciences along with the Eastern Science of Medicine.

Jaminibhusan inherited fully the quality of benevolence and charity from his father. He gave presents to the

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Brahmins twice yearly—once at the time of his father's annual 'Sradh' ceremony and once at the time of the Pujas. Besides this, he would always give food and clothes to the poor, educate many students at his cos and relieve the want of many with funds from his own pocket. He used to give new clothes to the poor tenants of his Zemindary in Khulna as well as of his native village Poyagram.

But the crowning glory of his life lies in the establishment of the Astanga Ayurveda Vidyalaya—the fulfilment of his long-cherished hope. The Vidyalaya was established in 1915 with the active co-operation of Late Kaviraj Biraja Charan Gupta and Kaviraj Srijut Surendra Kumar Kabyatirtha. It was registered in 1919 and a Committee was formed under the presidentship of Mahamahopadhyay Gananath Sen. The infant institution had to wade through multifarious difficulties and obstacles owing to the scarcity of students as also want of public sympathy. Jaminibhusan, at this time, went from door to door to collect students and although he got a few, he had to teach them free. In April, 1917, Jaminibhusan succeeded in pursuading Mr. Payne, the then Chairman of the Calcutta Corporation to grant Rs. 2500 annually towards the maintenance of the Hospital attached to the Vidyalaya, the same grant being recently increased to Rs. 3500. The present Calcutta Corporation has also granted a plot of land measuring one bigha, 13 Cottas and 14 Chitaks free towards the palatial building of the present Vidyalaya and Hospital at Raja Dinendra Street. This selfless worker spent all his time during the last few years of his life in begging from door to door to make this ideal College a success.

He himself spent about Rs. 70000 for the new building and in his last will he has set aside properties worth about Rs. 1,50,000 for the maintenance of his beloved College. He practised medicine for 20 years only and during this period he had managed to leave behind a property worth about Rupees 8 lacs. The glory of his charity has become all the most prominent and appealing from his last will in which he has set aside Rs. 1000 every year for digging out wells and tanks in the distressed villages of Khulna.

He was a great Sanskrit Scholar and got the title of "Kaviratna" from the Sanskrit College. He wrote "प्रतिसंस्कृत रोगविनिश्चय", "कुमारतन्त्र", "प्रसूतितन्त्र", "शालाक्यतन्त्र",

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"विषतन्त्र' and few other books on the Hindu System of Medicine. He also published for a few years a magazine named "आयुर्ब्वेद" which was given up as a failure. He was made a fellow of the Calcutta University for his great qualities. He was the only Kaviraj, who was made a member of the Faculty of Medicine. He was also a member of the Khulna District Board, of Ranee Bhowani School and of Daulatpur College in which capacities he always proved his worth.

Above all, he was a real Hindu and respectful to Brahmins. He was one of those who established Brahmin-Baidya Committee and was its secretary. He idolised his mother and would not begin his daily work without taking the dust of her feet on his head.

He died at a very early age—at 47 only—leaving behind him an aged mother, a widowed wife, 4 sons and 2 daughters and a large number of friends and admirers to mourn his loss. His eldest son Bejoybhusan is reading in his College after passing the B. Sc. Examination of the Calcutta University and it has been written in his will that all his sons should take to the practice of Indian Medicine! No great tribute could ever be conceived to the cause of Ayurveda!

It is impossible to adequately enumerate the many qualities of head and heart of such a man of gigantic capacity and superexcellent merits. He was great, yet most condescending, charitable and kind; a great worker, yet quite humble and unostentatious, mild and cheerful; very busy, yet never failed to keep an appointment once made; a great disciple of Ayurveda, yet without any bias towards any other System. Always honest, loving, cheerful and ready to work against all odds without any bias or prejudice, mild and condescending, he was able to achieve so much success and thereby immortalise his name in the glorious work of life, viz., the establishment of the Astanga Ayurveda Vidyalaya.

We offer our heartfelt condolence to the bereaved family along with others at the irrepairable loss they as well as the country have suffered and we sincerely pray for peace and rest to the soul that was so restless and busy for the uplift of this mortal world of ours.

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Original Articles.

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LEPROSY IN AYURVEDA

BY

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In the very beginning it must be remarked that Leprosy is not treated as a disease separate from the skin diseases in the Ayurvedic system of medicine. The word 'Kushta' (कुष्ठ) stands for leprosy as well as for all other skin diseases. On the other hand such diseases as papulo-squamous syphilide, tubercular dactylitis, exostoses, osteo-periosteitis, nodes, gummata, and ulcerations have been classified as leprous manifestations or varieties of leprosy. Under these conditions, therefore, one can only give a short description of that *kushta*, the symptoms of which nearly correspond to the leprosy of the Allopathic system of medicine.

Definition :—Leprosy is a disease in which all the three doshas —Vayu, Pitta, and Kapha—are excited with special manifestations of the disease in such dhatus (धातु) as skin, blood, lymph and muscles ; but the other *dhatus* do not escape altogether.

वयोदोषा वातपित्तश्लेष्माणःप्रकोपणःविकृताः
दुष्यान्यशरीरधातवस्त्वङ्मांसशोणित-
लसीकाम्बुतूर्ज्ञा, दोषोपधातविकृताः ।

Charaka, Nidanasthan, 5, 1.

Causes—Briefly they are :—

1. Prediposing causes, which are :—

(*a*) Food. (*i*) One of the chief causes is to take, so to say, incompatible foods at the same time as alkaline and acid food (अम्ल तथा क्षार), foods prepared from milk and acids (as milk, cream, curd, butter, etc., along with sours as lime, lemon, vinegar, etc.) or to take too cold and too hot foods together.

(*ii*) Eating foods that cause indigestion as excessive use of oils and fats, new cereals, raw or over-ripe fruits, raw or rotten

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meat of aquatic animals or of those that live in marshes, excessive use of meat of any kind especially fish, or such articles as radishes, expressed juice of sugarcane, alcoholic stimulants, etc.

(*iii*) Mode of taking food is also considered as a predisposing cause of leprosy, as, in the long run, it is also a cause of indigestion as taking food before the food last taken has been digested, or eating immediately before or after exercise or coitus, or indulgence in wrath or sleep, or travelling long distances at a stretch, especially in the sun, immediatly after taking meals.

(*b*) Chronic indigestion (chronic gastritis)—चिरस्थायी अजीर्ण—itself is a cause of leprosy.

(*c*) Poor elimination of excreta or poisons from the body is also a chief factor in the production of leprosy.

2. The exciting cause is contagion.

प्रसंगाद्गात्रसंस्पर्शान्निःश्वासात्सहभोजनात्
सहशय्यासनाच्चापिवस्त्रमाल्यानुलेपनात्
कुष्ठं ज्वरश्चशोषश्च नेत्राभिष्यन्द एव च
औपसर्गिकरोगाश्च सङ्क्रामन्ति नरान्नरम्।

Sushruta, Nidanasthan, 5.

Living with a leper, touching his body, inhaling his breath, eating from his dishes, etc., sleeping with him, and wearing his used clothings or his ornaments cause the spread of leprosy.

Symptoms—They are described as :—

1. Prodromal symptoms or symptoms in the incubation period of leprosy.

2. Symptoms according as the Vayu, Pitta or Kapha is excited in the main.

3. Symptoms according to the manifestations of the disease in some special *dhatu*.

Prodromal symptoms :

During the incubation period of indefinite duration, the patient suffers from either copious perspiration or total anidrosis with thickening of the skin. There may be anaesthesia or hyperaesthesia. Black spots appear here and there on the skin. A piercing pain, as if pricked with needles is felt in the knees, calves, thighs, waist, shoulders, hands, feet, and the joints ; along with tickling

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sensations in every part of the body, the patient feeling as if insects are creeping in all directions under the skin. There is also pruritus.

The joints become lax. If a sore happens in any part of the body, it becomes painful and shows no sign of healing quickly. The patient also remains depressed and languid. The blood becomes somewhat dark in colour.

तस्यपुर्वरूपाणित्वक्पारुष्यमकस्माद्रोमहर्षः
कन्डूः स्वेदवाहुल्यमङ्गस्वेदनं व्यङ्गंप्रदेशानां स्वापः
क्षतविसर्पणमसृजः क्षयता चेति।

Sushruta, Nidanasthan, 5.

Symptoms according as Vayu, Pitta or Kapha is excited :

(1) When Vayu is excited, the patient becomes pale-white in colour or his complexion becomes slightly sun-coloured. His skin becomes rough and dry. There is great emaciation. There are deep seated boring pains in the body and limbs with spasms in all parts of the body. Ultimately there appear paralysis and anaesthesia. The fingers and limbs become deformed. There are also occasional tremors. There appear dry swellings in the limbs, the swellings becoming darker in colour.

The patient dislikes everything that is cooling to the touch, rather such things appear to injure him greatly. The symptoms develop rapidly, the patient soon becoming exhausted.

ततो वातः श्यावारुणवर्णंपरुषतामपिच रौक्ष्याच्छूनशीतोदवेपथुहर्षसङ्कोचायास स्तम्भसुप्तिभेदभङ्गान्।

Charaka, Nidanasthan, 5, 20.

(2) If the Pitta be predominant, the symptoms that appear are burning of the skin, great sweating, effusion and swellings, which are so sensitive that severe pain is produced by touching them. The swollen parts or nodosities become hot to the touch, burn, and assume a red colour, and sometimes suppurate. There also appear ulcers.

पित्तंपुनर्दाहस्वेदक्लेदकोथकरूस्रावपाकरागान्।

Charaka, Nidanasthan, 5, 20.

(3) If the Kapha is greatly excited, the symptoms are heaviness of the body, partial loss of the sense of touch, brightness of complexion, sensibility to cold, itching and mild pain. The patient

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becomes somewhat stupefied. There are patches over the body, which are white and macular. The nodes may be hard. There are also ulcers, which are covered by crusts. In this form, infection is likely to take place, especially of the skin, tendons, ligaments, and bones.

श्लेष्मा त्वस्य शैत्यश्वैत्यास्थैर्यकण्डूगौरवोमीधोग
स्नेहोपलेपान्। क्रिमयस्तुत्वगादीन्यतुत:
शिरा: स्नायुचास्थीन्यपि च तरुणानि खादन्ति।

Charaka, Nidanasthan, 5.

Symptoms according to the special manifestations of the disease in different Dhatus.

(1) In the case of skin, its colour changes. It becomes dry and hard. There are anæsthesia, numbness and creeping sensations. This may be hyperidrosis or anidrosis.

स्पर्शहानि: स्वेदनत्वमीषत्कण्डूश्च जायते।
वैवर्ण्यरूक्ष भावश्च कुष्ठे त्वचि समाश्रिते।

Sushruta, Nidanasthan, 5.

(2) Blood :—There are nodes and bullæ with foetid secretions flowing from them. There is also great pruritus.

त्वक्स्रावीरोमहर्षश्च स्वेदस्याभिप्रवर्त्तनम्
कन्डुर्विपुथकश्चैव कुष्ठे शोणितसंश्रिते।

Sushruta, Nidanasthan, 5.

(3) Muscles :—There appear local abscesses or suppuration in the muscles which may become even ruptured. There are also loss of movements and deformities.

बाहुल्यं वक्रशोषश्च कार्कश्यं पड्कोद्गम:
तोद: स्फोट: स्थिरत्वञ्च कुष्ठे मांससमाश्रिते।

Sushruta, Nidana. 5.

(4) Fatty tissues :—There is foetor in the perspiration. Skin remains wet and greasy. Boils and abscesses are numerous and the ulcers heal very late.

दौर्गन्ध्यमुपदेहश्च पूयोऽथ क्रिमयस्तथा।
गात्राणां भेदनञ्चापि कुष्ठे मेद:समाश्रिते।

Sushruta, Nidan, 5.

(5) Bones :—There may be fracture of bones, especially the nasal bones, whereby the bridge of the nose becomes sunken.

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Cartilages of the larynx also become deformed giving rise to husky or nasal voice. Bones become an easy prey of infection causing periostitis or osteo-periostitis.

न.सामंगोऽचिरागश्च क्षतेषु क्रिमिसंभवः
भवेत् स्वरोपघातश्च अस्थिमज्जसमाश्रिते।

Sushruta, Nidana, 5.

(6) Genital organs :—If these organs are mainly involved, the patient feels exhausted, is unable to move about and feels vague pains in the body. Usually they become impotent and if they do not become sterile, the children born are also usually lepers, especially if the patient is a female.

क्षीणा गतिक्षयोऽङ्गानां सम्भेदः क्षतसर्पणं
शुक्रस्थानगते लिंगं प्रागुक्तानि तथैव च।
स्त्रीपुंसयोः कुष्ठदोषाद्दुष्टशोणितशुक्रयोः।
यदपत्यं तथोर्जातं क्लैब्यं तदपि कुष्ठितं।

Sushruta, Nidana, 5.

Varieties—From pathological (निदान) standpoint, leprosy is described as occurring in one of the seven following forms :—

1. Aruna or Sun-coloured (Lepra-flava ?) when Vayu is the chief *dosha* excited.

2. Oudumbar (औदुंबर), when Pitta is mainly excited (Lepra nodosities ?)

3. Mai dal (मंडल) when Kapha is predominant.

4. Rishyajihva (ऋष्यजिह्व), when both Vayu and Pitta are excited together (the Lepra erythematous patch ?).

5. Pundarik (पुंडरीक), when both Pitta and Kapha are excited together.

6. Sidhma (सिध्म), when both Vayu and Kapha are predominant.

7. Kakanam (काकणम्) when all the three *doshas* are excited together.

It is very difficult to be able to recognise these different forms, hence their detailed description is purposely avoided.

Complications :—The disease is usually accompanied by such complications as falling off of the fingers and even of limbs, fractures of bones, great thirst, pyrexia, diarrhœa, burning sensations, prostration, dyspnœa, asthma, and finally unconsciousness.

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प्रस्रवणमङ्गभेद पतनान्यङ्गावयवानां तृष्णाज्वरातीसारदाहदौर्बल्यारोचकापाकाद्युपद्रवाः कुष्ठिनं स्पृशन्ति।

Charaka, Nidanasthan, 5, 21.

Prognosis—The disease is incurable in the following conditions :

1. When it is inherited.

2. When two or more than two *Doshas* are excited. When all the three *Doshas* are predominant, the case becomes almost fatal. The predominance of Pitta is more dangerous than that of Vayu or Kapha.

3. Manifestation of the disease in the bones makes the prognosis serious, and in order of gravity the *dhatus* involved are muscles, blood and skin, the skin-form being the least dangerous.

4 The following symptoms make the prognosis serious :— insomnia, total loss of appetite, asthma, dyspnœa, severe pains in the body, swoons, tremors, hiccough, suppuration of the swollen parts and great prostration. If leprosy be accompanied by only unconsciousness, it is incurable.

5. Prognosis also depends on the treatment, the later it is begun, the graver the prognosis. It should be begun in the stage of prodromal symptoms.

6. Unhygienic surroundings, bad hygiene and sexural indulgence also make the prognosis bad.

कुष्ठमात्मवतः साध्यं त्वयत्नपिशिताश्रितम्
मेदोगतं भवेद्याप्यमसाध्यमत उत्तरम्।

Sushruta, Nidana, 5.

Treatment.

It being not possible to enter into the details of treatment here, it would suffice, therefore, to give the salient points in the summary-form only. It must be remembered that the treatment should be begun as soon as the incubatory symptoms become manifest, for it is very generally become incurable if the treatment is begun after all the symptoms have developed themselves.

The treatment is :—

1. General :—

(*a*) Hygienic.
(*b*) Eliminative.

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2. Drug treatment :—

(*a*) Bitter Drugs treatment.

(*b*) Metals

(*c*) Specific or Chaulmugra treatment.

3. Local treatment.

General Treatment.

Hygienic—

1. Prophylactic measures—One should avoid exposure to the disease by isolating patients suffering from leprosy. One should particularly avoid living with a leper, inhaling his breath, eating from his dishes, wearing his clothings, etc.

2. The patient should avoid sitting in the sun or before a fire. He should not fatigue himself by overwork or physical exercise. He should specially avoid sexual indulgence, giving way to anger and sleeping at day time.

3. The patient should be very careful about his food, which should consist mainly of old rice, soup of thick pea (Phaseolus Mungo), curries of vegetables which have a slightly bitter taste, and such vegetables as Trichosanthes dioica (Patola or Palwal); the smaller variety of ficus glomerata (Udumbara or Gular), plantain, the bulbous root of colocasia indica, momardica charantia (karela), the ripe fruit of cocurbita pepo, new leaves of melia azadirachta (mahanimba or drek) and Bœrhavia diffusa (nilapunarnava) of the white variety.

The patient should avoid sweets, fibrous and underground vegetables, foods that cause acidity, fish, meat, wines and alcoholic drinks, curds, large quantities of milk and pulses.

Eliminative treatment.

The idea is to rid the body of the poisons through the excretory organs.

(*a*) Purgatives are especially indicated in Pita-leprosy for which such purgatives are given as Trivrit—त्रिवृत (oz.i), Triphla—त्रिफला (oz.i), Danti—दन्ती। It has been found that oily purgatives or oily enemas prove beneficial. Chebulic myrobalans pounded with old treacle are also useful.

(*b*) Emetics especially agree in the Kapha variety as Madanphal —मदनफल (oz. j or ij).

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(*c*) Enemas of bitter drugs ought to be given now and then during the course of the disease especially Patal (Trichosanthes dioica), Madan (Randia dumatorium), Neem, Indrajav (Holarrena anti-dysenterica), etc.

(*d*) Errhines are indicated when the upper part of the body is greatly involved, as danti (Baliospermum montanum), Pipli (Piper longum), Madhu-yashti (Liquorice-root), Tulsi (Ocinum sanctum), etc. They are used either in the form of ghrita or as fumes.

DRUG TREATMENT.

Bitters.

They are greatly used in leprosy. They are many but as examples the following few may be mentioned :—

(1) Khadir—(*a*) Decoction of Khadir खदिराष्टक कषाय made from Khadir, Triphala, Neem, Patal, Amrita and Vasa. Dose :—oz. ss—j. (*b*) Khadir Arisht खदिरारिष्ट. Dose :—oz.ij.

(2) Neem in the form of Pancha-neem powder पञ्चनिम्बचूर्ण consisting of neem fruit, neem bark, neem-leaves, neem roots, and neem flowers, Chitrak, Biranga, Bhallatak, Haritaki, Shunthi, Amlaki, Gokhshur, Chakramard, Bakuchi, Pipli, Marich, Lauha-bhasma. Dose :—oz. i—iv with milk in the morning.

(3) Panch-Tikta-Guggulu-Ghrita, consisting of Neem, Guduchi, Patol, Basa, Kirat tikta, Trikatu, Triphala, Haridra, Shunthi, Bhallatak, Ativisha, Biranga, Guggulu.

Metals.

The following examples may be given :—

1. Galat Kushthari Ras (गलत् कुष्ठारि रस), consisting of Ras, Sulphur, Tamrabhasma, Lauha-bhasm-Guggulu, Chitrak, Shilajit, Abrakbhasma, Karanja-seeds. Dose—10—30 grains.

2. Uday-bhaskar Ras (उदय भास्कर रस) made of Gandhakamarita, Tamra, Trikutu, Vatsanabh. Dose :—2 grains.

3. Rajrajeshwar Ras—Ingredients are : Parada, Sulphur, Tamrabhasma, Haritал, Triphala, Khadirsar, Baguchi and Guduchi. Dose 2—10 grains with honey.

4. Hartal bhasma—Dose ½—2 grains.

5 Taleshwar (Harital-bhasma, Tamrabhasma, Sulphur). Dose—½—2 grains.

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Specific Treatment.

The drug for this purpose is Chaulmugra (Taractogenos Kurzii). The kernel of its fruits is taken out, dried, made into fragments and pressed for the oil to be extracted. The oil is brownish-yellow in colour. Its dose is 5 to 10 minims. Given in capsule or as an emulsion after meals. Its dose is gradually increased to 30 to 60 minims. It must be remembered that this oil is very irritant and may cause vomiting and purgation.

It has been recommended in Sushruta IV, 13, that one may also eat the kernel itself.

Local Treatment.

It consists in applying leeches to those parts of the body which lose the sense of touch, or in scarifying them for letting out the vitiated blood. One can also apply such drugs locally as Chaulmoogra oil, Neem oil, Bukuchi oil, Karavir oil, or Swarankhshiri oil.

Bibliography :—The disease has been described only as has been understood from the Ayurvedic books, without any effort, on the part of the writer, to explain it in the light of modern medical science. The following books were consulted :—

1. Notes on Leprosy—Pandit Dharmdutta, Prof. of Gurukul, Kangri, to whom I am greatly indebted for his kindly lending me his notes.
2. Sushrut—Nidan and Chikitsasthans.
3. Charaka—Nidan and Chikitsathans.
4. Sen Gupta.—The Ayurvedic System of Medicine.
5. Chandra Chakraberty—An interpretation of Ancient Hindu Medicine.
6. Kaviraj Gananath Sen.—Siddhanta Nidan.
7. Ghosh Materia Medica and Therapeutics.

Dyspepsia which is the result of eating wheat yields to the fruit cucumber (गसा, चीराइ) ।

Indigestion brought on by eating two many of oranges, is cured by treacle.

Indigestion caused by milk yields to the juice or decoction of Karanja (pongania glabra).

If water is the cause of indigestion, honey will remove it.

When Jackfruit is the cause of indegestion, ripe plantain is the curative agent.

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THE METHOD OF PULSE EXAMINATION

AND

THE CONDITITION REVEALED BY THE PULSE ACCORDING TO AYURVEDIC SPHYGMOLOGY

BY

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———o———

(Continued from July 1926).

We may now discuss the general conditions revealed by the pulse examination according to the Ayurvedic system of Medicine from the point of view of the modern system.

(1) The *Vayu*, *Pitta* and *Kapha* functions are peculiar to the Oriental Systems of Medicine from the ancient times and they hold their positions in them.

The exact interpretation of the *Vayu*, *Pitta* and *Kapha* functions in terms of the present day physiology is a matter of some difficulty, mainly from the fact that these conditions represent functional entities, not based upon or correlated with bodily structures. The lack of knewledge in both anatomy and physiology in these days compelled the Ayurvedic physicians to fall back upon careful observations of the bodily functions both in health and disease. These observed facts formed the groundworks of their theory of *Vayu*, *Pitta* and *Kapha* functions. What is greatly striking to us and what reveals to us the extraordinary power of observation on the part of these Ayurvedic physicians of the past are that these functional principles are still applicable in the actual field and can be explained to a great extent from the point of view of modern physiology. This subject willl be studied in details later on in correlation with the modern anatomy and physiology. (2) The prediction of the time of death of a patient by pulse-examination is perhaps more interesting than the first one and is highly important from a practical point of view. However unscientific and imperfect it may be considered, the prediction of the death of a patient particularly according

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to the Ayurvedic system, there are lots of well-authenticated records of the death of the patients having been correctly predicted even several days ago. Unfortunately, the practice has fallen into disuse evidently due to a change in the various conditions of the country and may die out altogether in a very short time. The actual records from persons who are still living and have actually witnessed such casees, will no doubt be considered as mythical after a few years. The instrumental applications in the study of the conditions of the heart have attained such an accuracy in their interpretations that the prognostic significance can now be dealt with much more scientifically and with greater efficiency than before; but the great drawback is that such examinations are not possible everywhere, specially in a poor country like India and thus cannot altogether replace the much easier and simpler (however imperfect they may be) methods in vogue from the earlier times. Again these simple methods can be easily modified to suit the present day requirements and can be used in general, to be supplimented by the instrumental study in special cases.

(3) The third general condition detected by pulse-examination dictates a physiological variation occurring after a meal. This is recognized in the modern system. Thus we find in the article "Pulse" in Reference Handbook of the Medical Sciences, Vol. VII, p. 401: "Meals, especially if hot, may increase the rate from two to five hours." But the variation seems to be more profound here, due to the habit of consuming voluminous food of a mixed nature (solid and liquid).

We shall now conclude the paper by considering a few passages having some bearings on the subject.

First, there is this passage in Nadibijnaniya (II. 6*)

मूर्ध्नि बाल्ये वहेन्नाडी कौमारे भ्रुयुगान्तरे।
सदा कण्ठे च हृद्देशे कुक्षीपार्श्वद्वयं तथा।
बाह्वोरुषणयोर्मध्ये मध्ये वयसि दृश्यते॥

In childhood the pulse beats in the head; in youth, near the eyebrows; in all ages, in the neck, the region of the heart and in the armpits at the sides; and in the middle-aged, in the two arms, two scrotal regions and in the middle of the body.

* These figures refer to the numbers attached to the treatises enumerated in "Sphygmology in Ayurveda" Oct, 1924.

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The pulse in the head of an infant refers to the pulsation in the anterior fontanelle, the gap between the frontal and the two parietal bones on the top of the head which persists till towards the end of the second year of life The pulse to be felt in youth perhaps points to the temporal arteries on the outer sides of the eyebrows, as the term भ्रुयुगान्तरे if considered to mean "between the eyebrows" will indicate nothing, as there is no sufficiently large artery in this position to give rise to any pulsation to be felt by the fingers. The pulsations of the common carotid arteries are felt in the neck lower down. The apex bent of the heart itself is indicated by the pulse in the region of the heart. These are particularly mentioned in connection with youth, propably from the fact that these pulsations are strongly manifested during this comparatively vigorous period of life. The axillary arteries are referred to in the armpits. The brachial arteries are meant in the arm. The beginnings of the femoral arteries (or more probably the spermatic arteries in the spermatic cord) are meant for the *nadis* in connection with the scrotum. The abdominal aorta, the pulsation of which can be easily felt in the pit of the stomach and down below, particularly in lean subjects, is perhaps referred to by the term मध्य. These latter positions for feeling the pulsation seem to be convenient in the case of a thin-built person with a muscular body ; such a bodily condition may be well surmised to occur averagely in the middle aged, living a strenous modeof life, particularly in those bygone days.

Lastly, we may quote a passage from Nadi-Sastra-Sangraha (II. 46) noting a method of examining the pulse according to the nature of the disease.

अरुणोदये वेलायां कराङ्गुष्ठस्यमूलके ।
सर्वरोग प्रदृश्यन्ते दर्पणे वदनं यथा ॥
भ्रुवोर्मध्ये ग्रीवमूले नासामूलं परीक्षयेत् ।
कण्ठमूले कक्षमूले करमूले च नाडिकां ॥
करयोऽङ्गुष्ठमूले च हृदये च परीक्षयेत् ।
उरुमूले पादमूले गुल्फमूले च नाडिकां ॥
मणिबन्धस्थले पाणौ कण्ठमूले च पादयोः ।
अङ्गुलिभिश्च विभिश्च भिषक् नाडीं परीक्षयेत् ॥
नासामूलेऽङ्गुलीभ्यां तु हस्ताभ्यां नाडीं परीक्षयेत् ।
एकाङ्गुल्या कर्णमूले तत्तदामय भेदतः ॥
वौक्ष्या करशिरगुल्फज्वरश्यामक्षयादिषु ।
रक्तपित्तं शीर्णवातं व्याध्यादिष्वङ्गुष्ठ नाडिका ॥

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स्त्रीसंयोगे कण्ठमूले गतां नाडीं परीक्षयेत् ।
हृद्गतां सन्निपातेतु क्षयेभ्यो मध्यगामपि ॥
कफेतु कण्ठमूलस्थां मेढ्रादौ ऊरुमूलगां ।
नाडीं परीक्ष्य भिषजा व्रणादौ घ्राणनाडिकां ॥
व्रणे भगन्दरे पार्श्वरोगे लुतादिके तथा ।
शिरोव्याध्यादौ नासा नाडीं वीक्ष्य भिषग्वरैः ॥
करमूले जीवनाडीं तथायुः प्रवदेत् भिषक् ।
कण्ठमूलादिष्वपि च नाड्यायुर्निर्णयं भवेत् ॥

At the time of the rising of the sun, all the diseases are indicated (by the pulse examined) at the base of the thumb in the hand, like the face (reflected) in a mirror. One should examine the pulse between the eyebrows, at the root of the ear, at the root of the nose, at the base of the neck, at the root of the armpit, at the root of the hand (arm), at the root of the thumb, over the heart, at the root of the thigh, at the root of the leg (behind the knee ?) and at the root of the ankle. The physician should examine by three fingures (the pulse) at the wrist, at the root of the neck and in the legs; by two fingers at the root of the nose and by one finger at the root of the ear, according to the difference in the diseases. The (pulse in the, hand, head and ankle should be examined for fever, asthma and consumption. The foot should be examined for Hæmoptysis and *Jirnavata* (chronic joint affection with atrophy of muscles. The pulse at the root of the neck is to be examined in coitus, over the heart in *sannipata* (an asthenic fever with low muttering delirium). The pulse in the middle (of the body—the aoritic pulsation in the abdomen) should be examined in consumption, that at the root of the neck in *Kapha*, that at the root of the thigh in *Prameha* an urethral affection with discharge, and others and that at the root of the nose in boils, fistula-in-ano, piles, multiple sinuses and in the wound or affection of the head. The life-determining pulses at the base of the hand and the pulses at the root of the neck determine the duration of life.

Rice-water cures indigestion brought on by eating too much of salt.

Indigestion resulting from rice is removed by warm water.

Haritaki (chebulic myrobalans) cures indigestion due to eating peas.

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FOOD IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh).

(*Continued from our last issue*).

——:o:——

(IV) MEDICATED "JUS" OR SOUPS.

(*a*) *Medicated Rice Soup.*

Take rice 8 tolas, ginger and long pepper each ½ tola, water 4 seers, boil down to one seer. It is strengthening, appetizing, checks cough and clears throat.

(*b*) *Medicated Pulse Soup.*

The various pulses used are Mug, Masur, Kulthi kalai (Dolichos unifloris—food for gravel).

In Kaphaja or Vayu-Kaphaja fever—give "Masur" Soup.

In Vayu fever—give "Kulthi" Soup.

MUG SOUP.

Take Mug 16 tolas and water 4 seers, boil down to 1 seer; add Rock-salt, Ginger, Long Pepper and Caraway. It is cooling and checks Kapha-Pitta.

In Vayu-Pittaja fever—give with Embelic myrobalan.

In Vayu-Kaphaja fever—give with young Radish.

In Pitta-Kaphaja fever—give with "Neem and Palta" leaves.

MEAT SOUPS.

Take goat's meat 32 tolas, add Ginger, Long Pepper Coriandar, and water 3 seers; boil down to 2 seers and add Pulv. Caraway fried and Pomegranate juice to slightly acidulate it.

It is strengthening, increases seminal fluid, useful in Vayu fever, and food after "Pachan" (corrective medicinces.)

MIXED SOUPS.

Take Barley pulv, Kulthi Kalai, Mug, Plum, dried Radish, each one part and water 40 parts, boil down to 10 parts.

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It is good in derangement of three Doshas colic, (renal), cough, wasting diseases and fever.

Food in Madhya Jvara (duration up to 11 days.)

If the fever subsides, give rice as also the following soups of pulses, the following vegetables and fruits according to indications :

One year old Dadhkhani Rice.

Pulses—mug, masur, pea, kulthi kalai, etc.

Vegetables—Brinjal, Pods of Sajina (moringa Pterygosperma), karela, the upper portion of "Cane" (Bet), Patole, kakrole, young radish, Aknadi, Gulancha, the leaf of cane tree, Natia sak, Jivanti sak and kakmachi sak.

Fruits and Nuts--Raisins, Kayet Bæl, Pomegranate, Boinch and other ripe fruits.

Food in Puratan Jvara (duration from 12—20 days.)

If fever is off give the foods described under Madhya-jvara as also meat soups of deer, rabbit, partridge, peacock, fowl, lab, batair, etc.

Food in Jirna Jvara (duration beyond 20 days.)

Besides the food prescribed under Puratan jvara give milk of cow and goat, Ghrita and embelic myrobalan except in persons whose digestion is weak or suffering from cough. Don't give milk at night time (as milk is not disgested and sleep is interfered with.)

INDICATIONS FOR CERTAIN FOODS USED IN FEVER.

(1) *Whey* is good in diarrhœa, difficulty of mictruition, anorexia, spleen due to taking excess of fat, Jaundice etc. (when associated with fever.)

(2) Juice of sugar-cane—Diuretic, Laxative, good for Liver, bad for Kapha.

(3) Wine—appetizing and digestive, destroys Vayu-Kapha ; give old wine and medicated.

Dont give to those who have not taken food or who have taken purgative or who are hungry.

If these adjuncts do not increase appetite, give varieties of dishes for the purpose.

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(4) *Ghee*—If after the 10th day Kapha is slight but Vayu-Pitta is in excess without fever and the derangement of the Doshas is corrected, it is indicated.

If there is excess of Kapha after the 10th day don't give ghee but meat soup, rice and bitters (kashay).

(5) *Milk*—It is a very good food after fasting but should be given medicated so that it is rendered easily digestible.

It is also indicated in all chronic fever and not in acute stage.

It is also indicated in *Niram* stage of fever if there is much thirst and burning (excess of pitta.)

Milk should be boiled with water (1 in 4 parts of water) till it is reduced to the original quantity of milk. (Milk globules are broken by the process and it is rendered easily digestible.)

In medicated milk—take

Medicine—1 part
Milk —8 parts
Water —32 parts
Mix and boil down to 8 parts.

Milk is not recommended to be given in acute fevers for the digestive juices and enzymes are weakened (in quantity and quality) and milk fat and milk proteid are not well-borne. The acids of fermentation present in the stomach (deranged Am-rasa) coagulates the milk and the clot is hardened by the churning movement of the organ The stomach of the average vegetarian Indian secretes weaker proteolytic enzymes in health. Milk is an ideal food for beef-eating Europeans and in fever, but unsuited to the weak stomach of Indians further weakened by fever. The milk fat strains the Liver. Hence Whey from which fat and proteid are both removed and only salt and sugar of milk remain is recommended.

The idea is to fast or semi-fast the patient in acute stage of fever and hence milk which is a rich food containing fat and proteid is not given.

Milk is also not given when Kapha is servere. The idea is that in Kaphaja disease an emetic is given to remove the mucous and medicines are given next to dry up the secretions and not expectorants to remove the phlegm, for the more they are

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removed the more they are secreted. It is more rational to give medicines to check the exudation. Now milk promotes exudation or increases secretion and thus in Ayurvedic practice it is contra-indicated in Kaphaja fever and Kaphaja diseases in the acute stage.

Sugar is also advised as contra-indicated in acute stage of Kaphaja fever and Kaphaja (respiratory) diseases, for the expectoration becomes thick, when it is difficult to get rid of it and the disease is protracted.

Food in Bishama Jvara.

After fever is off, give rice with juice of meat prepared with Maskalai (P. Roxbarghi) or with whey, water or curd. The meat of birds like chicken, Titir (Partridge), "Batak," "Lava", etc., should be used.

For drink give "Manda" with wine to rouse the appetite.

Food in Agantuka Fever (surgical and accidental fevers).

There should be no fasting in surgical and accidental fevers.

In emotional fevers, that due to "Bhut" (obscure functional diseases of the Nervous system) or that following a fast (religious or otherwise), if digestive power is unaffected, give rice with meat soup.

In fever is due to the result of beating, do not give heating foods but cold and cooling food with bitter or sweet taste with soothing effect, *e.g.*, medicated "ghrita".

After operation, excessive physical exercise after fractures, after fall from a height, if there is fever, give milk as food and after the fever is off, rice and meat-juice.

Compare the modern Practice.

Varieties of Liquid Foods.

(1) *Milk and its various modifications, e.g.*, skimmed milk (fat removed), whey (fat and proteid removed, salt and sugar remaining), sour milk or Dahi (living Lactic bacilli and Lactic acid with other ingredients of milk.

(2) *Meat and Fish Soups, e.g.*, beef-tea, mutton or chicken broth, marrow soup, joint soup, etc., fish soup, cold meat infusion like Raw meat-juice.

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(3) *Leguminous Soups*—from pulses, beans, lentils.
Clear Soups—containing little nutriment, mainly salts.
Gruels—containing varying amount of nutrient and salt.

(4) *Vegetable Soups*.

(5) *Farinaceous soups*.
Clear soups—Rice-water, barley-water, Sago and Arrow-root water, "Sati"-water
Gruels—Rice-pudding, cornflour pudding, oatmeal porridge, semolina (suji) pudding or mohunbhog, Malt extract.

(6) *Fruit juices*—of grapes, Pomegranates, Orange, Lime, Pineapple, Cocoanut water, Bael decoction.

(7) *Beverages*—cooling or Iced.
Stimulating—Tea, Coffee, cocoa, wine medicated or otherwise.

(8) *Liquid food mixed*—Milk and beef-tea, meat and vegetable soup, egg flip etc.

(9) *Predigested Liquid Food*—Peptonized milk or Meat soup, Milk with Liquor Pancreatics. Farinaceous gruels with malt extract, etc.

GENERAL INDICATIONS FOR LIQUID FOOD.

(*i*) In which the patient may take solid food but it is not desirable to take such food, *e.g.*, ulceration of the intestinal muscosæ, narrowing of any part of the disgestive tract.

(*ii*) In which the patient ought not to take solid food without detriment to health and is thus reduced to the necessity of taking liquid foods.

Thus *in fevers* the digestive system is often much impaired and we are reduced to the necessity of giving food in small quantity at a time and in liquid form and if necessary pre-digested.

In *chronic disgestive diseases* we practically withhold giving too much food and always in liquid form having little nutriment, thereby giving the digestive system as much rest as possible.

In *constipation* there is faulty elimination. Fermentative processes are going on which the digestive system is unable to cope with. Food like sour-milk (Lactic bacilli) checks the process. Digestive system is aided and excretion results.

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In the case of proteolytic colli in the intestines (as we find in meat-eaters) sour milk *i.e.*, a culture lactic bacilli is very good, but not so in the case of farinaceous fermentation of vegetarian India where the acid products of the Lactic bacilli add to the acid of fermentation and make matters worse. Hence the restricted use of 'Dahi' in Ayurveda.

Sometimes the functions of the *kidney* is impaired by giving liquid food containing plenty of water, elimination is helped and toxic products are removed from the system.

Sometimes the patient is passing through a *crisis* and we want to conserve the reserve and draw it out to tide over the emergency, when we administer stimulants like Brandy (Pitta-stimulant).

Sometimes the patient is *thirsty* when we administer cooling beverages (Pitta sedative).

Sometimes the disease is the result of over-*feeding or under-feeding* when we restrict one or other of the food principles, *e.g.*, skimmed milk (fat removed), albumen water (pure proteid), whey (fat and proteid removed), vitamine (fruit juices).

Thus there is a very large field for giving liquid food to our patients. For the little nutriment they contain taxes the digestive system very slightly. The excess of water they contain helps elimination. If given slightly at a time and at good intervals, the digestive system gets the much needed rest in certain conditions. We can modify liquid foods in such a way that we can restrict or even eliminate nitrogen in gout, fat in obesity, starch in diabetes. Ferment milk and give in intestinal fermentation. Give fruit juices for the salts and vitamines they contain, give vegetable juice for the nutrient salts in "mineral inanition." There are some specialised cures in connection with liquid food *e.g.*, Milk cure, Whey cure, Sour milk cure, Grape juice cure, etc.

Liquid food thus acts as nutrient, a cooling beverage or a stimulant or helps assimilation or excretion, helps digestion or has specific action.

Special indications for individual liquid food

(1) *Milk and its preparations.*

It may be considered as the ideal liquid food for the sick containing as it does the various food principles, *e g*, three proximate food principles—carbohydrate, Fat and Proteids as also the

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salts and vitamines. The very objection as to its bulk (containing a large quantity of water) is of definite advantage in diseases where liquid food is indicated. Hence its extensive use all over the world in a large number of diseases. "All plans of feeding the sick" says Sir William Roberts, "Centres round milk"

Karell of St. Petersburg has been one of the oldest advocates of *exclusive milk diet* in certain diseases and the celebrated Weir-Mitchel has to some extent adopted his views and extended their application. The following are the diseases, where exclusive milk diet had been found to be of some value.

Dropsies of all kinds cardiac, renal, hepatic obstinate intestinal neuralgias, incorrigible dyspepsia with grave disturbance of nutrition, hepatic disorder such as hyperæmia, simple hypertrophy and fatty Liver, asthma following pulmonary catarrh and emphysema, hysterical or hypochondrial states associated with serious disturbance of nutrition, and specially in disorders of nutrition depended on latent catarrh of the stomach and intestines"—B. Yeo, Food in Health and Disease.

Karell considers that the methodical application of milk-cure produces its curative effects by acting as a regulator of nutrition. He maintains that it is also useful "in rheumatic and gouty affections, in organic diseases of the heart and advanced renal degeneration specially in degeneration of arteries." It is also useful in febrile states and interminal stages of all diseases.

Exclusive milk diet was known to the Ayurvedists who recommended it with mercurials in chronic gastro-intestinal catarrh (Tubercular or otherwise).

MILK-CURE.

In the special dietetic treatment known as "milk cure" both Karell and Wier Mitchel direct that milk should gradually replace the ordinary dietary of the individual and it should be *skimmed* or rendered as cream-less as possible.

Karell says that "milk is a food easy of digestion for every body provided it is given with precaution in strictly measured doses and is of good quality. Karell's dose is 3 to 6 oz, 3 or 4 times a day at the cammencement. Wier-Mitchel advises 4 oz every two hours. Karell thinks that "the methodical application of milk-cure produces its curative effects by acting as a regulator of nutrition."

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Dujardin-Beaumetz considers the value of milk as due to the "water and saline substance it contains." The water acts by eliminating the products of toxin generated in the diseased body. The salines are tonic in the sense that they replace the "mineral anition" resulting from the daily use of potash and soda salts in some diseased condition like fever.

We may add here that milk when taken unboiled contains the hormones and vitamines which are useful in various ways, *e.g.*, in infants and children taking mother's milk. In India it is custom to take boiled cows' milk by which most of the vitamines and hormones are destroyed, but the chance of Tubercular infection from cows' milk is eliminated, especially if we follow the Ayurvedic idea of adding a good quantity of water and boiling the mixture, till the water is removed and the original quantity of milk remains behind. Such a procedure breaks the envelope of the fat globules of milk which is thus rendered more easily absorbable and in case of exclusive milk diet unskimmed milk is prescribed in Ayurveda.

Weir-Mitchel describes the effect of exclusive milk-diet as follows : The patient loses weight at first and feels a little weak on account of the small amount taken. Hence rest is essential in such treatment. For the first week or two it causes sleepiness. The tongue becomes covered with a thick white fur and there is a sweet taste in the mouth. The stools are of yellowish colour having a peculiar odour. There is usually a large flow of urine, due to *lactose* acting as a strong diuretic. Uric acid disappears entirely from the urine, showing arrest of tissue waste. The ordinary pigments of urine disappear or are singularly modified showing that liver is properly acting. The ordinary fæcal odour disappears showing that no fermentation exists in the intestines. Karell says that "in obstinate cases of chronic gastric and intestinal disorders, when other remedies prove useless, he has obtained excellent results" with exclusive milk diet. This had been noted in Ayurveda long ago.

Modifications of Milk.

(1) *Skimmed milk or butter milk.*

(2) *Sour-milk or fermented milk.*

Koumirs of Russian Tartars.
Kefyr of Caucasus.
Bulgarian Sour-milk.
Dahi of India.

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(3) *Whey.*
(4) *Medicated milks.*
(5) *Artificial milk foods.*
(6) *Milk mixed with other kind of liquid foods.*

(1) SKIMMED OR BUTTER MILK.

It is a modified form of milk from which the fat is removed. It is a cheap form of liquid nitrogenous food in which the proteid remains in a floculent condition and is readily digestible.

Butter milk is practically the same as skimmed milk. It is milk left after manipulation by which butter is removed. It contains less fat and the lactose is greatly converted into Lactic acid. The casein exists in a finely coagulated state.

COMPOSITION.

	Skimmed milk	*Butter milk.*
Water	88	88
Proteid	4	4
Fat	1·8	0·7
Lactose	5·4	5·4
Salt	0·8	0·8

The chief indication for administration of fat-free milk is the feeble state of the digestive organs, *e.g.*, chronic gastric catarrh. Neimeyer says that in such a case of weak digestion, "when the patient is hungry let him have butter milk, when he is thirsty, let him have butter milk. In milk-cure skimmed milk is recommended.

(2) SOUR MILK OR FERMENTED MILK.

It has got different names in different countries. The Indian sour milk is known as "Dahi". All those vorious fermented milks contain Lactic bacilli while the lactose is partly converted to Lactic acid giving the acid or sour taste of such products.

"Dahi" of India contains a species of Lactic bacilli named by Roy Bahadur G. C. Chatterjee as Streptothrix Dahi. In Dahi the casein is coagulated, the lactose is split up into lactic acid partly, while the fat is unchanged. The presence of acid helps the emulsification of fat in the digestive canal. It is prepared from cows' or buffalows' milk.

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Composition.

	Cow's milk.	*Dahi.*
Proteid	4·28	4·77
Fat	3·5	3·5
Lactose	3·9	2·8
Lactic acid	—	0·4
Salt	0·98	0·62
Water	87·34	87·84

Koumiss is fermented mare's milk but kephyr is fermented cow's milk like Dahi. Metchinkoff studied the Bulgarian sour milk and found it prevents auto-intoxication from the intestines and increases longevity.

Action of sour milk.

Large quantities of it can be borne and easily digested than ordinary milk. It exerts a diaphoretic or diuretic action according as the external temperature is high or low. It also relieves constipation. Patients often gain some weight after sometime, if taken exclusively. It also shows some signs of increased blood formation. The lactose is converted into lactic acid, carbonic acid and alcohol. The lactic acid helps emulsification of fat present and aids its digestion. The Carbonic acid allays gastric irritability. The alcohol stimulates digestive secretion and also causes bodily and mental langour probably due to after-depression of Alcohol. The Lactic bacilli (variously named as streptothrix Dahi in India, Bulgarian bacillus of Metchinkoff, Dispora caucasia, etc.) is the most important as found by Metchinkoff.

Prof. Metchinkoff explains the action of living Lactic bacilli on the intestines as follows :

"In the intestinal tract of human beings are present throughout life, innumerable bacteria that were absent at birth. These we acquire by eating food contaminated with bacteria and any how their presence cannot be prevented. These bacteria differ in their properties ; some produce fermentation and decomposition products ; others are inert (of course the marked pathogenic bacteria like that of Typhoid, Cholera, Dysentery, etc., which similarly get entrance, are not considered here) ; on the action of

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these bacteria depends life, for decomposition products produced by these cannot but produce harm.

These bacteria may be present in perfectly healthy man, where the stomach is in a healthy state. Those present in the lower bowels do not find much to decompose there and so do not produce much signs of intoxication. But even those whose presence can be detected by bacteriological examination of the stool, can produce an imperceptible amount of poisoning which slowly but surely cuts short our life almost imperceptibly. So that there is hardly any healthy man who is not in this abnormal condition.

The problem is the removal of these organisms. No amount of antiseptics, which harm the tissues if very strong, can destroy them while not affecting the tissues. The Bulgarian Bacillus produces none of these decomposition products, but at the same time destroys these fermentation bacteria produced and found in the human intestines.

The lactic acid by making the lower intestines acid, make the region unfit for these fermentative bacteria which flourish in an alkaline medium.

INDICATIONS FOR SOUR MILK.

(1) In health.
(2) In those in whom the thick curd of milk is not digested.
(3) In flatulence in diseased condition.
(4) In enterites from any cause.
(5) In intestinal disorders of children.
(6) In Typhoid and Remittent fevers.
(7) In Auto-intoxication from the intestines.

CONTRA-INDICATIONS.

(1) In patients having repugnance for any form of milk.
(2) In constipation which is aggravated.
(3) In Bronchial catarrh the secretion gets dried up.
(4) In Rheumatic troubles pain is aggravated and sometimes induced (Bryce of Manchester.)

(To be continued.)

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RESTORATION AND DEVELOPMENT OF AYURVEDA

BY

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(*Continued from our July, 1926 issue*).

19. *The present condition of the Ayurvedic literature:* For the present state of the Sanskrit literature of Ayurvedic medicine, I would refer you to *Chapter I, Introduction*, on the "*Ancient Medical Authors and their Works*" in *Vol.* I of my thesis on the *Surgical Instruments of the Hindus*, and also to the *History of Indian Medicine*, which is in course of publication by the University. The literature is poor in scientific subjects. Many books still exist as manuscripts and only a few have been edited and printed. But it is not difficult to edit books which may serve as suitable text books for the students of the proposed college. New books can be written in easy Sanskrit, Vernacular or English There are books on materia medica and medicine which may serve as text books for students if brought up-to-date by new editions in which, descriptions of new diseases and their scientific treatment are incorporated.

Memorandum of Sanskrit medical works generally studied by an educated Kaviraj of the present days.

At Jeypur Sanskrit College the following books form the curriculum of studies :

At the Upadhyaya (Proficiency) Examinations in Ayurveda (Medical science) the following are the text books :

Nidana, the great work on the diagnosis of diseases, by Madhava Acharya (?), better known as Madhava Kara.

Narivijnan, a tract on feeling pulse, by Ram Chandra Das.

Bhavaprakas, a later compilation of medical work, by Bhava Misra.

Paribhasapradipa, a book on Hindu Materia Medica, by Govinda Sen.

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Chikitsa-Sara Sangraha an ancient compilation from Charaka and Sushruta, by Chakradatta.

Rasamanjari, an elementary treatise on Chemistry, by Basli Nath

At the SASTRI (Honours) Examination the text books are :

Bhavaprakas, as at the Upadhyaya Examination.

Astangahridaya, a work on the diseases of the heart and the whole body (*lit.*, the heart of the Octopartrite Science), by Bagbhata

Sushruta Sanhita. Chapter on the Body.

Charaka Sanhita, Chapters on Treatment

Rasendra Sara Sangraha, a work on Chemistry, by Gopalkrishna.

At the ACHARYYA (Final) Examination, the text books are :

Sushruta Sanhita

Astangahridaya of Bagbhata.

Bhaisajya Ratnavali, a modern Hindu pharmacopœia.

Rasendra Chintamani, the best work on the chemical or mineral drugs, by Ram Chandra

I may add here that these are the Sanskrit medical works generally studied at Calcutta, Benares, and other parts of India. There are, besides these, many other famous works, but they are not much in use at present.

Manuscripts of Sanskrit works on Medicine still lie scattered in the country. These MSS may be collected, edited and published by the learned editors under the auspices of the Government, Societies and also private enterprise. Many such works are being printed in the Ayurvediya Granthamala, in the Anandasram Series, and other publications from Bombay, Poona and Calcutta. There are also signs of an awakening amongst our countrymen, and we find a few graduates of our Medical College writing books on the science and have devoted themselves in the improvement of the Ayurveda.

20. *The present status of the Ayurvedic practitioners* : The vaids are still honoured in this country. The learned Kabirajes demand fees for their visits like the doctors of the modern schools, and the public do not grudge to pay them. This method of receiving fees is certainly an innovation for it was the practice in former times to receive gifts from patients after they were cured especially on the day when the patient was allowed to eat his

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normal diet. The sale of medicines by means of advertisements, which they often do, is certainly not to be encouraged, if not prohibited.

There are certain disadvantages from which they suffer. But these disadvantages are the result of their inact vity and ignorance : as for instance, their attitude towards Surgery. At present there are many Kabirajes in affluent circumstances but they take little or no interest in the improvement of their science. They never think of the debt they owe to the science they practise. Recently some colleges have been started, but these institutions are more or less of a proprietary nature and there is scarcely any certainty that any of them would last long after the death of their Founders. Already there are signs, not of healthy rivalry, but of obstructive hostility between them. Anyhow there is no likelihood in the near future of imparting knowledge in Surgery to the students of Ayurveda, and the vaids of the present day may justly be compared with "a bird with but one wing." Sushruta says : "Only the association of Medicine with Surgery forms the perfect physician. The Physician who is deficient in the knowledge of one of these branches resembles a bird with but one wing."

Certificates—Many Kabirajes, for whose learning and skill as a practitioner of the healing art, I entertain profound respect, have expressed their sorrow at the attitude of our Government in not recognising the certificates issued by them to their patients who had been under their treatment. Such an attitude of the Government has caused results which are far from desirable. The public have been forced to resort to uncanny practices in which even the qualified practitioners are known to have taken part. To take a concrete example : a clerk in an office becomes ill. Perhaps he lives in a village where qualified practitioners are not available, or if available, their services cannot be secured on financial grounds. A Kaviraj practises in the village, and the clerk naturally calls him for treatment. He applies for leave on medical grounds. As usual a certificate from a registered practitioner is wanted by the officer in charge of the office. The clerk informs him about the true state of things. The officer demands from him in reply that under the rules, a certificate from a qualified practitioner is absolutely necessary to procure leave on medical grounds. What the clerk does next is well known to all. The dignity of the profession of medicine suffers in the end. There is no law in India to prosecute a quack, and it is necessary to protect the public by training these

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Kabirajes and recognise them, if they pass the test, as qualified medical men.

Registration : There should be a list of qualified Kabirajes in in Bengal. When trained according to scientific methods, their certificates to patients should be recognised. For the present, the learned physicians should be entrusted with the power of granting certificates, for amongst them we find men whom the Government have bestowed the highest Honours for their professional attainments, such as Mahamahopadhyaya, Vaidyaratna, etc.

21. *Proper Protection, Collection and Sale of Drugs* : The Government should establish a Therapeutic Garden where the medicinal plants should be grown, and where the students should be taken to study the plants and recognise them. A trained Botanist should be in charge of such a garden, and a learned Kabiraj should take charge of the drug store, the main object of which would be to take proper protection, collection, supply, and sale of the certified drugs to different centres, to be established in the different districts of the Province. A Garden of Medicinal Plants and a Materia Medica Museum should be started for the proper identification of all medicaments of vegetable origin. A Chemist should be appointed for the preparation of mineral medicines. At present, it is difficult to secure reliable medicines and it is highly desirable that medicinal agents should be supplied from a well organised drug store under Government control or supervision

22. *Standardisation of Drugs* : For the present crude drugs may be used as the kabirajes do it now ; but standardisation must be gradually introduced in the preparation of medicinal products. The kabirajes are not hostile to improvements ; they are now selling their medicines in tablet forms.

23. *The Sale of Drugs* : The cost of medicines in the Ayurvedic system is decidedly less than that of medicines used by the doctors. And the cost may be reduced if a central organisation be started for supplying crude vegetable and mineral drugs to the medical men under State supervision. The cost of maintaining such an establishment would be satisfactorily met from the profit realised from the sale of drugs, if manufactured on a commercial scale. As examples of succesful business in the shape of a druggist's store, I may mention the Sakti Pharmacy of Dacca, Jhandu Pharmaceutical Works, Kalpataru Ayurveda Bhavan, Messrs. C. K. Sen & Co., Ltd., and other firms dealing with Ayurvedic medicines.

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The recent world-war has taught us a lesson. We have been reminded of our utter helplessness in getting a supply of medicine from Europe. The cry for imported drugs has abolished the trade in indigenous medicine the well-tried and efficacious drugs of our country. The formation of a Drug Manufacturing Committee to investigate the possibilities of cultivation of medicinal plants in India and manufacture of drugs from them on a commercial scale is a move in the right direction ; and if it be successful, there will be no lack of private enterprise to undertake its manufacture. The Cinchona plantation and the manufacture of Quinine tablets in the Reformatory Jail, Alipore, are instances of successful enterprise that has enriched the State, and at the same time benefited the poor inhabitants of the country.

24. *The duties of the Local bodies,— University, Municipality, District Boards* : It is the duty of the University to do something to stimulate the proper study of the indigenous system of Ayurvedic medicine. There is scope for study and research by medical students, in the investigation of the empirical truths which have proved beneficial for centuries, by scientific methods. But in the University of Calcutta nothing has been done to stimulate such researches. In the list of endowments, there is no donor for the Ayurvedic studies. There have been, Lecturerships, Readerships and Professorships in the varied branches of learning. I am the last person to minimise their importance, but I am sorry to remark that, besides what the Government have done for the western medical science, the University has taken no active interest for cultivation of knowledge in medicine, far less in the medical studies of the indigenous system ;- a system which is still believed, and followed by the innumerable inhabitants of the country, and is still doing an amount of good to the suffering humanity. That the teaching of Ayurveda is not incompatible with the ideals of University, has been shown by the University of Punjab which has an Ayurvedic Board and which grants diplomas to the successful students. If the premier university failed to take the initiative, let a Board of Studies in Ayurveda be formed in the Calcutta University without further delay and there are many Fellows of the Senate who are eligible to be its members. I do not think that the study of the Ayurveda is less interesting to, or has less claim on, the Senators than any other study which has a board for it.

The Municipalities and the District Boards should open Ayurvedic dispensaries for the treatment of the poor people. The

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cost incurred would be less than that of similar institutions under Government control. In the dispensaries should be employed one or two apprentices who will help the Kabiraja in his pharmaceutical preparations and in serving his prescriptions. These dispensaries will not only be the means of affording relief to the sick, but will be instrumental in disseminating medical knowledge among the masses. It must be clearly remembered that I would not for a moment think of transplanting the indigenous system in the place of the Western science which has done so much good in the past and which is destined to do more in the future. My object is to give the Ayurvedic physicians a scientific training. Allow me to quote the words of Sushruta: "The ignorant physicians are allowed to exist and practise their profression from carelessness of the King."

156, Haris Mukerji Road.
Bhowanipur, Calcutta.
Dated 25th Sept. 1923.

I remain,
Yours faithfully,
(Sd) GIRINDRA NATH MUKERJI.

AYURVEDIC COMMITTEE, BENGAL.

Oral evidence by Dr. G N. Mukerjee, B.A., M.D., F.A.S.B., dated the 6th November, 1923

Answeres to the questions put by Dr. M. N. Benerjee, M.R.C.S. (Eng.) L.S.A. (London.) C.I.E., the President.

Q.—What do you mean by the word 'literary' in the sentence "The traditional system of training of Kavirajes which has lasted for many centuries in Bengal has always been exclusively literary in character" (para 3 ; P. 14).

A.—They learn the science of medicine from the text books, and the teachers explain those subjects in detail. The students do not get much of practical training. Only in the preparation of mineral medicines they have to do practical work. These text books contain scientific facts.

Examples :—(1) *The development of the fœtus* has been described by months and these statements have been recorded since the Vedic times (*Garbha-upanisad*). But all along the same story is repeated in all the books, and the teachers teach the students according to these books. But these facts are never shown practically to the pupils nor do they corroborate the truth of these statements by observation.

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(2) *Surgical operations.*—It is distinctly laid down in the *Sushruta Samhita* that in case of boils, it must be opened by the knife, or cautery, or fire; and it is mentioned that if a doctor does not open a boil if there be pus in it, then he is considered as 'chandala.' Also there are mentions about application of ointments, etc., prior to operations. But the students are taught the local applications only and not the practice of surgical operation.

Q.—Do you think that they are accurate descriptions ?

A.—With the knowledge of the Western science, I think we may find them to be fairly accurate and to contain many true facts and observations.

The barbarians who burned the famous library of Alexandria are called by us fanatics, but I think they were sincere ; they believed the Koran to be the only book that contained truth, and as they had it, it was useless, they argued, to allow the library to stand as the books in it, as they were not Korans, contained no truth and so must be destroyed. If the Ayurvedic books are rubbish it is better to burn them for there is no truth in it, but if there is any Koran it should be allowed to live and studied.

Q.—What is the history of medical education in Bengal ?—*vide* Dr. Mukerjee's paper. Para 4 7, pp. 14-18.

Q.—How was the Ayurvedic system taught in those days ?—when it was taught in the Sanskrit College ?

A.—The following information has been received from the grandson of Pandit Madhusudan Gupta. Madhusudan was a student of the Sanskrit College. His teacher, Pandit Kshudiram Bisharad had an abscess in the ear and took leave. Then Madhusudan became the teacher. He used to dissect small animals. It is not a fact that Mudhusudan did the first dissection. Dissection of animals used to be done in the Sanskrit College. The Ayurvedic teaching was a part of the Sanskrit study ; the course was for two years. Pandit Naba Kumar Gupta was another teacher of Madhusudan in Ayurveda.

Q.—What is 'Native Medical Institution' ?

A.—The Government first started a separate institution in 1822 long before the Medical College was established. They used to train ordinary apothecaries in Urdu or Bengali for state emergencies. In 1835 Government ordered abolition of the school (see Dr. Mukerjee's paper). They had it from 1822 to 1835.

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Q.—What did Madhusudan do when he was transferred to the Medical College ?

A.—The information is not complete whether he taught the Ayurveda or began to learn the Western science. He learned English from David Hare. Hare, Bethune and Madhusudan were friends. His son was one of the first ten students of the Medical College. His name was Gopal. The students had a superficial knowledge of English ; scholarship was awarded to each, and books and dissecting cases were provided. Bethune presented the Pandit's portrait to the Medical College.

Q.—Were there two classes in the Medical College ?

A.—When Madhusudan came to the Medical College, the students of the Ayurvedic class in the Sanskrit College divided themselves into two groups—one came with Madhusudan and the other did not. When he entered the dissection hall, most of his students fled. I think that the first batch of students in the Medical College got a mixed training,—in the Ayurvedic and western science. Anatomy was studied with the help of dry human bones and dissection of goats. Then gradually the Western system was introduced.

Q.—What is the origin of the Military Assistant Surgeons ?

A.—At first in the Native Medical Institution, the Indians (especially Mahomedans and Hindusthanees) used to get the training. With the establishment of the Medical College the Anglo-Indians began to get their training in the Medical College and formed Military Assistant Surgeons.

Q.—What is the utility of Ayurvedic study ?

A—Summary of pages 67 to 157 of Mukerjee's book *History of Indian Medicine, Introduction*—about the utility, restoration and development—I have dealt there with the origin of medicine, some obsolete customs, about therapeutic measures, *e.g.*, massage, hypnotism, exercise, and diseases, such as identity of cholera, small-pox since the old days.

Some of the facts mentioned in the original works are not so popularly taught and spoken of because the teachers in these days, lecture on the subjects which they like best (pharmacy, materia medica, medicine), and not all the subjects (surgery, midwifery) which are in the Ayurveda.

(*To be continued.*)

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Annual Report etc.

—·o:—

Proceedings of the adjourned meeting of the standing Committee of the All-Karnatic Ayurvedic Mandal held at Dharwar at Dr. Shirhatti's house on 4th July 1926.

MEMBERS PRESENT.

Dr. R. H. Shirhatti
Dr. H. V. Savanur.
Vidwan K. Shesha Sastry.
Vaidya Keshav S. Agarkhed.
,, D. H. Mastansab.

1. Dr. R. H. Shirhatti was elected Chairman

2. Following letters were then read :—

(*a*) K. Narayen Rao's of Bangalore.
(*b*) J. L. N. Ayanger's of Shimoga.
(*c*) K. Shesha Ayar's of Bangalore.
(*d*) Dr Lakshmipati's of Madras.
(*e*) V. Vasudevacharya Joshi's of Athani.
(*f*) Vaidyaratna Joshi's of Belgaum.

3. The Letters of resignation of the following gentlemen were read and accepted :—

(1) Dr. Y. G. Nadgir, M. S., Bombay.
(2) Venkat Krishna Jois of Tumkur.
(3) Biligiri Ayangar of Mysore.

4. Dr. H. V. Savanur, and K. S. Agarkhed are requested to take up the responsibility of collecting the doubtful drugs (mentioned in the list given in the All-India Sammelana at Jaypoor) and send them to the Office of the General Secretary.

5. Account from 1-3-26 to 30-6-26 was read and passed.

6. The General Secretary is authorised to spend up to Rs. 125/- only from the amounts already collected and that will be collected on payment to an assistant, stationary, stamps (postal) and sundries, etc., till the year end and submit accounts.

7. The General Secretary is requested to make enquiries *re*-the payments from the members that are in arrears and suggest a way out, in the next meeting.

8. The General Secretary is requested to inform the inquirers that the accounts would soon be published. He should expedite matters.

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9. This meeting appreciates the spirit in which the Vaidya Vidwans of Shimoga and Karkal have started Ayurvedic Schools.

10. Subject (6) in the Agenda to be postponed to the next meeting.

11. The following gentlemen are elected as members of the Standing Committee in place of those who have resigned, viz.,

I. L. A. Halashika of Savadatti.
II. D. Triyambaka Rao of Hospet.
III. Bhishak K. Narayen Rao of Karkal.

12. Certificates may be granted to those registered Vaidyas who have been practising for more than eight years.

13. The General Secretary is requested to make inquiries *re* the question in agenda No. 9 and inform the members who make inquiries as early as possible.

14. This Committee endorses the suggestion of the Mysore State Ayurvedic Conference *re* the addition of the names, *viz.*, those of Dr. H. V. Savanur of Belgaum and S. D. Jathar of Bagalkot to the list of the deputation to wait on H. H. the Maharaja of Mysore and further request the Mysore Conference to add to the list the name of Dr. R. H. Shirhatti of Dharwar. [Vaidya Gopalshastri Joshi arrived at this state.]

15. The Railway Companies and the Motor service owners be requested to grant free pass to the General Secretary of the Karnatic Ayurveda Mandal taking into consideration the philanthropic work he is undertaking as regards the medical relief work he is doing.

(Sd.) R. H. SHIRHATTI, L. M. & S.
(5 P.M. 4-7-26.)

Indigestion brought on by grapes is cured by scripus kysoor (केशुर).

Conjee or carbonate of potash taken internally cures indigestion caused by meat.

Indigestion caused by porridge yields to rock-salt.

Frequent sips of cold water cures indigestion brought on by any cause.

Milk removes the uneasiness caused by opium.

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CORRESPONDENCE.

———:o:———

AN ARCHAEOLOGICAL FUND.

To The Editor,
THE JOURNAL OF AYURVEDA,
2, Harokumar Tagore Square,
CALCUTTA.

Sir,

Kindly publish the following Proceedings in your valuable paper and send me 5 copies of the issue publishing this letter. Price will be sent immediately on receipt of the copies :—

"A large public meeting was held at Baisakhi ground at 6-30 p. m. on Thursday the 15th April.

Resolved that the zamindars, merchants and public of Dera Ismail Khan District assembled in a public meeting protest strongly against the decision of the Imperial Assembly in rejecting the grant of 50 lacs of rupees for the creation of a permanent fund for Archaeological Work in India and insists strongly on the Government of India as well as the Imperial Assembly to move the proposal next year and sanction it without any hesitation, otherwise vote of censure and want of confidence will be passed throughout the country."

The resolution was proposed by me and seconded by S. Sadhu Singh, Book-seller, and passed unanimously amidst great zeal.

Hoping the sensible public will rise and do the needful in this important direction.

Dera Ismail Khan,
Dated 29 July 1926.

Tahl Ram Ganga Ram,
Zamindar and Hony. Secretary,
Charity Reform Association.

To The Editor,
THE JOURNAL OF AYURVEDA,
2, Harokumar Tagore Square,
CALCUTTA.

Dear Sirs,

The Mahamandal and Vidyapitha case going on in Bareilly had been decided in favour of the Society and its other defendants (Secretaries and Bareilly defendants) with costs to the defendants

The Education Bill (to be introduced by Dr. U. S. Rau) could not be answered by the Office as it never received its copy from the Government. A copy has been obtained from U. P. Vidya-Sammellan Office. In its present form, it excludes the membership of Hakims and Vaidyas entirely from the proposed Council and hence in future, there is likely to be little good to these Indigenous Systems and the practitioners, as there are no provisions for them in it anywhere. The objects and reasons stated in the Annexed paper and the Provisions of the Bill are quite inconsistent.

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You are also informed that my weak health and other circumstances do not permit me to continue as an Hanorary Secretary of the All India Ayurvedic Conference and I to-day resign and leave the office to the local standing Committee members. It may be added that the Joint Secretary P. Kisori Datta also sent his resignation twice to me during the last two months but did not publish it along with the Vidyapitha Results etc., in the Patrika for reasons known to him. All letters should therefore, be addressed to Nayaganj Office, (Cawnpore).

Yours sincerely,
P. L. JHA, L.M.S.

Muir Road, Cantts.
Cawnpore, 31st Aug., 1926.

HALKARNI POST,
Dist. Kolhapur, South India.
3-8-1926.

To THE EDITOR,
THE JOURNAL OF AYURVEDA,
2, Harokumar Tagore Square,
CALCUTTA.

Sir,

Please publish the following request in your influential Ayurvedic paper.

"The undersigned is preparing a census-like list of all the monthly, quarterly and yearly Ayurvedic papers, for publishing in this Journal and elsewhere and this is, therefore, to request all the readers of this journal to let me know the names and addresses of Ayurvedic and pro-Ayurvedic papers in Sanskrit, Marathi, English, Bengali, Gujarathi, Urdu, Tamil, Telagu, Hindi, Kanarese and other Indian languages. Lovers and votaries of Ayurveda of respective provinces would do well o take these troubles for Ayurveda and oblige.

After waiting for response for a good sufficient time, the list will be finally prepared and forwarded to the press, Indian and foreign. In this respect, editors of such papers are requested to supply all information about their paper, its editors, its standing, spread and subscription etc. and in case any paper is at present discontinued, please mention the name, and dates of starting and discontinuing.

I hope Ayurvedists will not be idle to supply information to the address as "Shriniwas Roy, P. O. Halkarni, Dist. Kolhapur, South India, S. M. C."

The heading of this letter would be "Ayurvedic Editors, Beware" or any other.

Yours for Ayurveda,
SHRINIWAS ROY,
Sub. No. 524.

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Bhola Dutt Joshi, Esq., P W. D. Officer. Muhulla Tilluckpur, Almora (1-4-24) :— "Your *Sneha Prolepa* tried in several skin diseases and wounds acted like a charm. It has lowered down the value of.....the sonamed English Oinment."

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Babu Dharani Dhar Mukerjee, P. O Amarun, Village Arorah, Dist. Burdwan (24-11-24):—"Homeopathic or Allopathic treatment had no effect on my wife so we had to use your *Kalpa-rasayana* and *Sneha Prolepa* again which *cured her marvellously* within a few days".

Shishir Kumar Pramanic, Broker, 44-3, Harrison Road, Calcutta (6-3-23):—I recommend *Sneha Pralepa* with all the emphasis I can command to persons suffering from eczema, however chronic it may be. It is unquestionably a *sovereign remedy for eczema* "

Babu Nityananda, Head Clerk, Ex. Engineer's Office, Nainital, U. P (26-8-22) :— "I have already informed you that the obstinate ulcer is all right. Since then I have nearly ordered a dozen of phials of *Sneha Prolepa* for my friends."

Babu Ambika Charan Bramhachari, A. B. Ry. Contractor, Dihing, Assam (30-3-21):— Your *Sneha Prolepa* is a wonderful medicine. Our revetting work had to be stopped had it not been for the immediate application of the oinment, just after an accident, which immediately soothed the most severe pain.

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Ayurveda Vindicated :

A Reply to Colonel Megaw.

——:o:——

We had our say regarding the uncalled-for attacks of Colonel Megaw on the indigenous medicine. Dr. Nalini Ranjan Sen Gupta sent a reply to the above, addressed to the Editor of the Indian Medical Gazette which the latter declined to publish for reasons stated below, and which is published here below The letter needs no comment as, it exposes the flimsy 'scientific rock' (?) on which the ever-changing Western system stands.

To The Editor,

THE JOURNAL OF AYURVEDA,

2, Harokumar Tagore Square,

CALCUTTA.

Sir,

The following article was sent to the editor "The Indian Medical Gazette" for publication as a criticism of the Editorial in the April number of the Indian Medical Gazette. The offg. Editor has declined to publish it in the absence of the gentleman who happened to have written the article in question. I shall be glad of you will publish it in your esteemed paper.

124/4, Maniktola Street, Yours truly,

Calcutta, 14th Sept, 1926. N. R. Sen Gupta.

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In the April number of your "Indian Medical Gazette" which came to my hand only some time back, you have been pleased to describe Ayurveda as wholly unscientific and have regretted as a totally backward move, all attempts to induce Government to help Ayurvedic Eduction and Ayurvedic Medical institutions. As this is the outlook of the majority of orthodox medical men, it will not be at all out-of-place to look into the question a little more closely and to ascertain how far this attitude is warranted by facts.

No doubt it will be conceded that if Ayurveda is based on half-truths and untruths and the orthodox system has all the monopoly of scientific wisdom, Government patronage and support should and must be exclusively confined to the one and whithheld from the other. But what do we find as a matter of fact? The orthodox medical science is, as will be presently seen, reared on the shifting sands of ever-changing theories, while the Ayurvedic system stands out like a rock, unchanging and immutable amidst the war of conflicting and short-lived dogmas. It may be argued that progress means change. That is true, to some extent, no doubt. But if the change is to be real progress and not a helpless floundering from untruth to untruth, every step taken must be planted on the bed-rock of firm and immutable truth.

The aim of Ayurveda is as high and as noble as science can make it—it is to relieve the suffering and, if possible, to cure the sick.

तदेव युक्तं भैषज्यं यदारोग्याय कल्प्यते।
स चैव भिषजां श्रेष्ठो रोगेभ्यो यः प्रमोचयेत्॥

That medicine alone is proper, which leads to cure. He is the best doctor, who can cure diseases.

व्याधेस्तत्त्व-परिज्ञानं वेदनायाश्च निग्रहः।
एतत् वैद्यस्य वैद्यत्वं न वैद्यः प्रभुरायुषः॥

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Correct diagnosis and relief of sufferings constitute a real physician, who cannot, however, save the man who is destined to die.

The aim of modern medical science on the other hand, as expounded by its privileged spokesmen, is not the cure of the sick, but mere treatment according to certain recognised methods. No one will dispute the authority of the British Medical Association to speak on behalf of modern medical science The Association's verdict in Dr. Axham's case shows unmistakably that modern medical science is devoted to an apotheosis of dogmas and to a condemnation of those who are guilty of the abhorrent crime of curing the sick by non-stereotyped methods.

Dr. Axham was outlawed by the Association, and struck off its rolls, for the only crime of assisting Barker (now Sir H. Barker) who had not passed through the portals of the orthodox medical school, and who was for this sole reason, unqualified, in the eyes of the Association, even to exercise the common right, inherent in every man, to relieve the sufferings of humanity. The unquestionable and immeasurable superiority of Barker's unscientific methods, over the orthodox scientific methods, wrung for him, in the end, the recognition of his country and won a Knighthood for him, but the Association's ban on Dr. Axham continued all the same and his courageous and intrepid service to suffering humanity only won for Dr. Axham the Association's unalterable verdict of being guilty of infamous conduct.

A close student of the medical journals cannot fail to notice a bewildering mass of evidence, each of which very often conflicts with the other. Yesterday, it was the perfidious Bacillus which was the root of all diseases. Today, it is the disturbances in the Endocrine system. Tomorrow, it is jnst possible that changes in blood alkalinity will be alone responsible for all our troubles. We are not sure about our truths, and are constantly

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shifting ground, even in such an important matter as the origin of diseases. The Ayurveda, on the other hand, has stated, once and for all, that impropriety of food and of conduct (मिथ्याहारविहार) and not Bacteria, always starts the train of disturbances that finally develops into a disease.

Latest advances in Blood-Chemistry have proved that diseases cannot be produced without variations in the P. H.-ion concentration in the blood. If this means anything, it means that Bacteria cannot invade the human system, if the P. H.-ion remains unchanged, a statement that agrees closely with Charak's मिथ्याहारविहार dictum. It is only when the P. H.-ion is changed, that the Bacteria can invade the system, or if they are already present they can cause diseases and that the root cause of diseases is to be sought for elsewhere.

Many amongst us still cling to the belief that Bacteriology at least is a science, and with them it is still considered rank heresy to suggest that Bacteria may not be the cause of diseases. The only scientific basis for Bacteriology is Koch's postustles. Unfortunately they have not been proved wholly true even in a single case, and have been found to be partially true in only half a dezen diseases Even in a Specific Infectious Fever, like Enteric, it has come to be recognised that in addition to the Typhoid Bacillus, Streptococci are invariably present, and are important factors in producing the specific intestinal lesions, as well as the characteristic symptoms of the intestinal hæmorrhage. In the face of this, how can we say that Typhoid Fever is a specific infectious disease, due to the Typhoid Bacilllus only, when its most characteristic symptoms are due to the Streptococci ?

Again, the introduction of non-specific protein therapy, of successful treatment of Typhoid, in certain stages, with Streptococcal Sera and Vaccines and in others, with Coli vaccine,—of Filarial Fever with typhoid vaccine,

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—of G. P. I. with malarial infection, has left no legs for the orthodox views on Bacteria to stand upon, and yet we claim to be scientific, when we say that all diseases are caused by their specific Bacteria.

Now take our attitude about giving salt in Anasarcal conditions. Old students of Calcutta Medical College will remember the cheap snear at Ayurveda, of some of the distinguished clinical teachers there, for advising the withdrawal of common salt, from the dietary in Dropsy cases. The doctors exstolled the diuretic virtues of salt, and advised in giving salt in more than normal quantities, to promote diuresis and lessen the Anasarca, in sublime oblivion of the fact that their colossal ignorance and conceit could not but hasten the unhappy patients to their grave. The Professors laughed at the absurdity of Ayurveda. The students laughed with them. Every one was happy to have such an easy target of attack and ridicule, as the Ayurveda. Unfortunately for scientific medicine, however, the discovery of Widal and Javal about the effects of retained chlorides filtered into India in the late nineties. The exponents of scientific medicine had to make a volte face—and this they did with the same easy self-complacency as before. Nothing daunted, the professors then began to teach that Oedema was due to sodium chloride retention and advised the withdrawal of salt, from the dietary, in anasarcal conditions. The past was quickly forgotten and the Western system was still looked upon as the exclusive repository of scientific wisdom and poor Ayurveda still continued to be damned light-heartedly as nothing but unscientific.

Take again the Ayurvedic dictum of the close connexion of malarial fever and of filaria, with the phases of moon. For a long series of years, Western medicine had nothing but contempt and ridicule for this dictum, although its obvious truth cannot escape the eyes of the meanest observer, who is not steeped in prejudice and ignorance. Just a few years ago a distinguished English

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Professor of medicine, in the Calcutta Medical College, when he was first told that filarial fever recurred with certain phases of the moon, simply burst out laughing and told his young House Officer, "My dear lad, you do not mean to say that filaria are lovers, promenading about in the moonlight! No, no, it is all rubbish". But in less than three or four years, the laugh had gone, and the doctor had changed so much that he suggested filaria whenever a man complained of fever relapsing with the phases of the moon. There was no more talk of moonlight promenades but the fund of self-sufficing contempt remained unabated all the same.

In the matter of rearing up of infants, Ayurveda led the correct way, hundreds of centuries ago, which the orthodox system is just trying to follow. For example, modern medical science is just beginning to learn that exposure to the sun's rays increases the Calcium and Phosphate contents of the blood. Ayurveda knew this so well that every infant in India used, from time immemorial, to be exposed to the sun's rays daily, for hours together, after inunction with oil. That explains why rickets were comparatively uncommon in India, despite the notorious poverty of the country.

The importance of sanitation and of hygiene is so clearly recognised in Ayurveda, that from the very first it seeks to impress cleanliness as the very soul of life. The laws of cleanliness, however, were practically unknown to Western Medical Science, which is just beginning to accord to them a faint and dim recognition. This might appear to be a wild statement, but unhappily for the Western Medical Science, it is founded on truth none the less. Let us recapitulate a few well-known facts.

The abhorrent practice of not washing after defecation, fills the Indian mind with undiluted disgust and loathing. In the recent number of the Medical Annual, however, this practice has been advocated, but only to keep down the multiplication of Intestinal Parasites, which breed

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in and about the anus. Similarly the elementary and universal principle of washing after micturition has found a halting recognition in the latest books of surgery, where it has now been laid down that this practice serves to prevent the last drop of urine drying up at the urethral orifice and depositing irritative Uric Acid crystals.

No Indian can do without washing his mouth, and cleansing the teeth, thoroughly, the very first thing in the morning. He cannot think of gulping any food without doing so. Can the same thing be said of Englishmen? Their morning tea in the bed is abomination to Indians. No Indian can sit down to his meals without washing his hands. But this elementary bit of hygiene is unknown in Europe to this day, and practical cinema demonstrations have been found necessary to educate Europe, up-to the level of the common folk in India. No Indian can think of getting up from his meals, without thoroughly washing his hands and his mouth. But this elementary principle has not met with even a faint recognition in Europe.

Instances after instances can be multiplied to show that the much maligned Ayurveda contains germs of truth beginning to be dimly seen and recognised by Western Medical Science after centuries of so-called progress. This is not the place for complete vindication of Ayurveda, which can withstand, and has withstood for ages, the ununiformed and prejudiced criticisms of those whose only passport is their ignorance, pure and absolute, of the merest elements of Ayurveda, and who suffer from a scientific habit of masquerading in the garb of science and opposing truth in any shape, unless it bears the hall-mark of their patronage. Enough has already been said to explode the orthodox cant of *Science in danger* and it is hoped that the day is not distant when Ayurveda, like Homœopathy, will outgrow the determined opposition of the dominant school.

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Indigenous Institution in U.P.

State-aid to Ayurvedic and Unani Colleges.

——:o:——

We are glad to be able to note that the Government of the United Provinces have, on the report of the Ayurvedic and Unani Committee presided over by the Hon. Mr. Justic Gokarannath Misra, Judge of the Chief Court of Oudh, have decided to establish a State-aided Ayurvedic School at Hardwar and a State-aided Unani School at Lucknow, and also contemplate starting a State-aided Ayurvedic College in the Benares Hindu University and a State-aided Unani College in the Aligarh Muslim University. The last matter, however, is still under consideration and correspondence is going on. A sum of Rs. 50,000 has been allotted on the recommendation of the Committee for distribution of grants-in-aid of indigenous institutions and dispensaries. Government have also decided on the report of the Committee to establish a Board of Indian Medicine consisting of eighteen members with the Hon. Mr. Justice Gokarannath Misra as Chairman. The functions of the Board would be to advise Government on all matters connected with the organisation and development of Ayurvedic and Unani systems of medicine, to prescribe courses of study for examinations, appoint examiners and conduct all examinations under Indian systems of medicine, confer certificates, diplomas and degrees, register medical practitioners and distribute grants placed by Government at the disposal of the Board. So almost all the provinces of India are declaring for Ayurveda, when the Local Self-Government department of Bengal is still ruminating over the report submitted long ago !

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Original Articles.

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MY EXPERIENCES IN THE TREATMENT OF MAHAKUSTHA (LEPROSY) ACCORDING TO AYURVEDA

BY

KAVIRAJ A. C. BISHARAD, VISHAGBHUSHAN, M R.A.S. (LOND.)

As another writer has already touched all the aspects of this fell disease and its treatment as are to be found in the two classical authors of Charaka and Shusruta I choose to limit myself to some practical points on its treatment which will be found efficacious by the general practitioners.

It is said in the *Shastras* that blessed and virtuous is the physician who can give relief to a patient suffering from leprosy: his virtues are of no less merit than that of the person who has made a gift of million daughters in marriage or *Varpanam* to his forefathers in the Ganges or made the Holy Benares his home. Such a physician also stands in the same platform of fame with him who has made a gift of one million cows, or performed a hundred *Aswamedha* sacrificial rites, or the ceremony of *Brishotsarga* (a form of *Sradh* ceremony).

So it is the duty of every physician to try to alleviate the extreme distressed condition of lepers. We give here below the method of treatment that we generally follow in *Mahakustha* (or major cutaneous affections.)

(1) In cases *where* Vayu is predominant we start with *Ghritapan* (administering clarified butter as a corrective.)

(2) In cases where *Sleshma* predominates we start with errhines (inducing vomiting by indicated medicines).

(3) In cases where *Pitta* predominates, with the use of purgatives and in cases where the swelling is great and painful with blood letting by leeches. Then the treatment proper begins. We generally differentiate two types of the disease:—(1) Nodular, (2) Ulcerative.

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(1) In Nodular Variety the following line of treatment is followed :—

(a) *Internally* :—*Gandhaka-kalpa.*, *Manikya Rasa*, the one in the morning with *Panchanimba quath* : the other in the afternoon with honey and clarified butter and decoction of Catechu. Purgatives are given at intervals when necessary.

(b) *Externally* :—Massaging the whole body with an oil prepared as follows which we have named Swarnakshiri oil :

Mustard Oil	...	...	...	1 seer.
Pulv. dried Tobacco Leaf		...	...	⅛ ,,
,, Roots of *Shialkanta* (*Swarnikshiri*, Gomboje thistle)	...	...	...	⅛ ,,
,, Neem Bark	...	...	...	⅓ ,,

Place all of the above over gentle fire and keep on applying heat, till the drugs are burnt black like charcoal. When ready, strain the oil through a linen and bottle it up ready for use.

This oil is the greatest cure for all major and minor cutaneous affections and we have used this as an external remedy for the last twenty years with uniform success in the treatment of these affections.

(2) *The Ulcerative Variety.*

(a) *Amritabhallatak*, *Mahatalakeswar* and *Khadirarishta.*

The first in the morning with hot milk and the other in the evening with *Panchanimba quath* : *Khadirarishta*, twice daily, ¼oz. to 1 oz. per dose, just before the principal meals.

(b) *Externally*—wash the ulcers daily every morning with *Panchanimba quath* and then apply the above oil liberally during the whole day.

To avoid occupying much space, we desist from publishing at present records of cases but would request medical practitioners to follow the above lines of treatment and watch the result carefully. We are quite sure they would be able to have a greater percentage of cures, and arrested conditions in advanced cases, if they follow faithfully.

In very advanced cases, the administration of errhines every fortnight, and the use of purgatives when necessary or at least once a month, will be found conducive to speedy rusult in the effect of the drugs.

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The following article of diet are most suited to Lepers : Clarified butter, *Moong* and *Masur* pulse, honey, meat of aquatic birds and beasts, *Palasha*-seeds, the top portions of cane, *Patola* (palwal), *Brihati*, *Kakmachi*, leaves of *nimba*, garlic, leaves or *Helencha*, *Punarnaba*, Meshashringi, shankundia. *Bhela*, ripe palm fruits, Catechu, *Chitraka*, the three myrobalans, nutmeg, *Nagakesar*, *kum-kum* (saffron), old *ghee*, *ghosha* plant, *Karanja* oil, mustard oil, sesamum oil, Neem oil, etc., and all easily digestible foods.

The following should be avoided by a patient :—Incompatible foods and drink, mental afflictions, sleep during the day, exposure to sun, sexual intercourse, inattention to calls of nature, too much liquid drink, heavy and heating articles of diet, new rice, wheat, barley corn, Bengal Gram, raddishes, curd, milk, wine and treacle.

PREPARATIONS OF MEDICINES MENTIONED ABOVE :—

Gandhaka Kalpa :

Take of Pulv. corrected *Amlasha* Sulphur 40 tolas and soak it well in the juice of *Bhringaraja* plant (*trailing eclipta*) and have it dried in a shady place. When well dried mix the following well with above :—

Pure Honey	... ...	...	8 tolas.
Pulv. Chebulic Myrobalans (Haritaki)		...	8 ,,
Cow's Clarified Butter	... ...	...	8 ,,

Rub all the ingredients well in a stone mortar till they assume proper consistency when it becomes ready for use. Dose :—6 to 12 grains according to the condition of the patient.

Manikya Rasam or Rasa-manikyam.

Take of *Bansapatra Harital*—powder it and then soak it seven times successively in the juice of *Kushmanda* (pumpkin, *Bennicasa cerifera*) and sour curd and when well dried, place it inside two earthen pots closing up with leaves of plums and mud. Then place it on strong fire, and apply heat till the medicine assumes the colour of *manikya* (red ruby) which is hence called *Manikya Rasa*. Dose—2 grains.

Panchanimba Quath.

Pulverised leaves, root, bark, flower and fruits of *nimba* (*Azadirchta Indica*)—total two tolas to be given either with cow's

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urine 1 oz. or to be prepared as a decoction, by boiling in 16 oz. of water reduced to 4 oz.—one dose.

Amritabhallataka.

Take *Bhallataka* (*Semicarpus Anacardium*) 8 seers, and rub with brick dust and then wash well in water. Then dry the lot, and cut all the fruits in two pieces and boil in 32 seers of water. When cool, strain through a clean linen and boil the fruits again in 8 seers of milk When reduced to quarter take the fruits out and then boil them again with 8 seers of Cow's Ghee. When ready, mix with 4 seers of cane-sugar and beat well till well mixed. Preserve it then for seven days before use. This preparation is a most potent remedy in the treatment of leprosy. Dose ½ tola to 2 tolas every morning with hot milk 2 to 4 oz. No special restriction as to regimen is to be observed while using this preparation.

Mahatalakeswar.

Take of *Bansapatra Harital*, and correct it by soaking successively for seven days and then drying, in the juice of pumpkin and aloes plant, *Konjee* and sour curd. Then dry well and again rub for 3 days successively with lime water and the juice of *Punarnava Bœrhavia diffusa*, until such time as it assumes the look of chalk. Then place it inside an earthen vessel full of ashes of *Palasha*, and cover up with another earthen pot and close up in the usual *putapaka* process with linen and mud. When well dried, place the vessel over strong fire and apply heat for 4 days together. Take out this Harital when cool. Then mix it with its equal quantity of corrected *Amlasha* Sulphur and reduced copper which has been duly purified beforehand by the process of *Amritikaran*, mix well by rubbing properly for days together and place the whole in a glass bottle covered with mud and linen. When dried place the bottle in a sand-bath and apply heat, for several hours. When cool the medicine is ready for use.

Dose :—2 to 4 grains.

Khadirarishta.

Catechu wood	...	6¼ seers.
Deva-Daru wood (*Cedrus deodara*)	...	6¼ „
Somaraji-Seeds (Serratula anthelmintica)	...	6¼ „
Daruharidra (Cascinium fenestratum)	...	2 „
The Three Myrobalans	...	2 „

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The above should be pulverised and boiled over gentle fire with 512 seers of water, till reduced to 64 seers. Then strain the decoction through a linen and place it inside an earthen vessel previously besmeared with ghee and add the following ingredients to the decoction :—

Pure Honey—25 seers.

Cane sugar—12½ seers.

Pulv. *Dhataki Pushpa* (Wood-fordia floribunda)—2 seers.

Kakkol, *Nageswara* flowers, nutmeg. cloves, cardamum, cinnamon, the leaf of lourus cassia, all finely powdered, 8 tolas each and piper longum 33 tolas, all finely powdered. Close carefully the mouth of the vessel and place it in an underground room for thirty days. Take out after a month, strain poperly and preserve the *arishta* (medicated wine) thus prepared in sealed up bottles.

Dose :—½ oz. to 4 oz., to be taken just before the principal meals.

If oil be the cause of dyspepsia administer conjee as a drink.

———

Indigestion brought on by cold rice is removed by conjee.

———

If indigestion is caused by eating a hot diet, sugar will remove it.

———

Indigestion caused by leaves of vegetables is cured by mustard powder.

———

Embelic myrobalans made into a paste and applied to the abdomen cures tobacco-heart.

———

Indigestion brought on by *Moong* pulse, vields to the decoction of the roots of cyprus rotundus (मुथा)।

———

Dyspepsia brought on by sugar-cane yields to the juice of raw ginger.

———

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FOOD IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh).

——:o:——

(Continued from our last issue).

DAHI OR SOUR MILK IN AYURVEDA.

We have already discussed it, but we repeat it here to show the points at agreement and difference from modern view of its action. We must remember that in the hot tropics it readily ferments and becomes acid very quickly.

Dahi is acid, astringent, heavy of digestion, checks wind in the intestines, improves blood, helps digestion, is palatable and appetizer, good in fever and strangury. It is not advisable to take it in the spring, summer, autumn, as also at night.

If not completely congealed—purgative, diuretic, induces lassitude.

If very sour—produces acidity in stomach.

If from skimmed milk—constipating but good in diarrhœa and dysentery.

If from sweatened milk—relieves thirst, burning of skin and biliousness.

Liquid from strained curd—cholagogue.

Thick portion of curd—helps fæcal evacuation.

(3) WHEY.

It is milk from which both the fat and proteid have been separated. It may be prepared in various ways.

(i) *By addition of rennet*—The casein and fat of milk separate by coagulation as cheese and the fluid from which it separate is whey.

(ii) *By Addition of Vegetable Acids*—like Tartaric Acid, Citric Acid, fresh Lime Juice or prepared Lemon Juice (Lemon whey). The casein and fat can be partly removed by adding a few drops of fresh lemon juice or completely removed by adding an excess of the latter, so that the whey becomes of the colour

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of tank-water. The excess of acid can be neutralised by adding Sodi Bicarb. It has a nice lemonacious flavour, It is soothing and palatable.

(iii) By addition of Acid wines like Sherry, Claret &c. It is stimulating.

(iv) By addition of Essence of Pepsin or Pancreatin—the fat and protied are partly digested.

(v) By addition of Cream of Tartar or Alum (alum-whey is very constipating).

(vi) By mixing the curd with water, stirring it which breaks the curd into small flakes and by straining it. The last one therefore contains Lactic bacillus over and above that contained in whey. This is the Indian or Ayurvedic method of preparation.

Composition.

Whey contains some soluble albumen and fat besides a good proportion of salt and lactose and some lactic acid. When the clot or curd is beaten or broken and the liquid strained, a considerable amount of fat and proteid are held in suspension. The quantity of Fat and Proteid may further be regulated by adding acids or acid juices of vegetables short of complete coagulation, so that some of these remain in suspension, and the whey is then a thin white fluid and not like clear water. The acidity can be neutralised by the addition of sodi bicarb.

	Cow's Milk	Dahi	Whey
Water	87·34	87·84	93·3
Proteid	4·28	4·77	0·82
Fat	3·5	3·5	0·24
Lactose	3·9	2·8	4·65
Lactic Acid		0·4	0·33
Salt	0·98	0·62	0·65

Though not a highly nutritious food, it is exceedingly useful in some febrile and other conditions, where milk is hardly tolerated or readily digested. It is also a pleasant beverage, specially as Lemon-whey. Its nutritive value may be increased by the addition of Beef-Tea, Meat-juice or Yolk of Egg. The writer uses it freely in Typhoid Fever and Cholera as a cooling, stimulating beverage.

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The Whey Cure.

This is a specialised dietetic treatment in many continental spas specially in those with alkaline and salt springs where chronic catarrh of the respiratory tract is treated. The whey cure consists in administering whey mixed with mineral water. About 203 oz. are daily taken. It is not an exclusive diet cure but it is the procedure to strictly limit the quantity of animal food and augment it by the addition of fruits and vegetables.

Whey, according to Auyrveda, increases appetite, helps digestion, is easily digestible, slightly acid, checks flatulence, good in dropsy, piles, diarrhœa, jaundice and rheumatism, relieves anorexia, nausea and vomiting, helps excretion of urine and is constipating. It is often medicated as follows :—

(*a*) With fried ginger and salt—in Nervous disease.
(*b*) With ptychotis, rock-salt and assafœtida—checks tympanites, flatulence, biliary colic.
(*c*) With sugar—antibilious.
(*d*) With molasses—relieves strangury.
(*e*) With ginger and 2 peppers—checks cough.
(*f*) Taken slightly hot—asthma and bronchitis.

(4) Medicated Milks.

Milk may be variously medicated by addition of—

(*a*) Mineral waters—to help absorption, remove constipation or to check acidity.
(*b*) Lime water—antacid, constipating.
(*c*) Soda-water—antacid, laxative.
(*d*) Peptonized or mixed with Liquor pancreatines—predigested.
(*e*) Tea, coffee, cocoa—flavouring.
(*f*) Brandy—stimulating and digestive.

(5) Mixed Milk Food.

Milk may be administered by mixing it with beef-tea, meat-juice, yolk of egg, starch decoctions (Barley, Sago, Arrowroot, "Sathir-palo", Cornflour etc).

Milk of Different Animals.

For practical purposes we need here to discuss the milk of cow, goat and ass which are readily available and used for

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invalids. We must also discuss buffalow's milk which is available every where and often passed as cow's milk by milkmen and is the chief source of "ghee".

COMPOSITION OF VARIOUS MILKS.

	Protied	*Carbohydrate*	*Fat*	*Salt*	*Water.*
Human	1·5	6·5	3·5	0·2	88
Cow	4·0	4·8	3·7	0·7	87
Buffalow	4 4	4·8	9	0·8	81
Ass	1·79	5·5	1·02	0·42	91
Goat	3·62	4	4·02	0·56	88

In the dietary of infants the milk of different animals are used as substitute for mother's milk when it is either insufficient or positively injurious.

Ass's milk contains about the same quantity of protied and carbohydrate as human milk, but proportionately less fat. If the infant by taking mother's milk suffers from frequent attacks of vomiting (which means that too much fat is taken and the fat metabolism is upset) Ass's milk may be substituted with advantage.

In Ayurveda milk of animals with uncloven hoofs *e.g.* ass, mule or mare is easy of digestion, prevents formation of wind in the intestines, good in certain diseases of the extremities, slightly sour and alkaline to the taste, induces lassitude, dcereases urine and is bad for eyes.

Goats' milk—contains less carbohydrate than human milk. If we find the infant suffering from frothy stool and the buttocks are red (which means that too much carbohydrate is taken and the carbohydrate metabolism is upset for the time being) Goat' milk may be substituted with advantage.

If we find the infant suffering from diarrhœa with colicky pain (which means that excess of protied is being given and the protied metabolism is upset) it is advisable to give diluted ass's milk.

Goats' and deer's milk in Ayurveda is believed to be astringent and useful in dysentery, diarrhœa, hæmorrhage, bilious disorders, bronchitis, phthisis and fever. (It contains more calcium phosphate than mother's milk and more fat and protied but less carbohydrate than the latter). Goats are immune to Tuberculosis and hence to be preferred to cow's milk.

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Cow's Milk

It contains more protied than mother's milk but less sugar while the quantity of fat is the same. It forms the basis of all artificial food of infants.

Milk is considered as a constipating food among meat-eating Europeans. It is laxative for vegetarian Indians and hence is described in Ayurveda as laxative.

Buffalow's Milk.

It contains more protied and fat than human milk while the carbohydrate is less in quantity. It is the principal source of butter from which ghee is prepared. It is described in Ayurveda as much heavier of digestion and more oily than cow's milk and is constipating and hypnotic.

Disadvantages of Milk as an Invalid Dietary.

1. The principal objection against milk is that it is apt to form large clots very firm in the stomach. This occurs specially if there is excers of acidity in the stomach. This objection disappears when the clot is formed outside and when the milk modified as whey is given.

As excess of acidity causes larger and firmer clot in the stomach, milk with sodi bicarb and soda-water neutralises the acid in the stomach. It should be remembered that high class soda-water contains no sodi bicarb but only carbonic acid gas.

2. A second objection is that milk diet causes biliousness in the case of Indians in particular. By modifying the milk by removing fat and giving as butter-milk the objection is removed.

3. A third objection is the carelessness on the part of the nurse or attendant to overfeed the patient thinking that no harm can come from such an easily digested valuable invalid food. Strict direction as to quantity and interval will obviate it.

4. The fourth objection is that there is idiosyncrasy for milk in the case of particular individuals. Either they cannot take milk or cannot digest it.

Those who have studied Ayurveda can fairly and accurately guess which individual has idiosyncrasy for milk. Idiosyncrasy or personal factors of the individual is discussed from the point of view of climate, season, temperament, habits, etc. of the individual and nature of disease. (Vide Food in Health, already discussed).

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(2) Preparations from Meat and Fish.

Next to milk comes the use of liquid animal food prepared from meat and fish. These may be grouped into Two classes :—

(*a*) Meat decoctions e.g., beef-tea, chicken or mutton broth, meat soup, marrow soup (from rib), joint soup (from joints).

Of the prepared class of meat food we have Leibig's meat extract, Valentine's meat juice, Brand's Essence of chicken, beef &c. Of the soups prepared from fish are those of Magur, Singhi, Nata and such other fish.

(*b*) Cold Meat Infusions—Raw meat juice.

The meat extracts are restoratives and stimulants rather than nutrients. They contain important mineral salts e.g., chlorides and sulphates of potassium and a trace of gelatin. This latter acts as "tissue saver" in disease rather than "tissue-maker." They are good for those in whom milk or its various preparations are unsuited. As they contain very little albuminus material, their nutritive value as tissue-former is very little.

It should be noted that "gelatine when given alone is useless." Added to farinacious and other foods gelatine had been found by Void "to be capable of digestion" but the conclusion of the French Commission "as to its uselessness in the form of jellies" still holds good when given alone". (Fothergell).

The chief objections of meat soups are as follows :—

(*a*) By acting as stimulants they draw the reserve force of the body, rather than adding to it, the chief object of nutrition.

(*b*) They often serve as pabulum for the growth of proteolytic groups of bacillus and are thus contra-indicated when such infections take place.

(*c*) Meat extractives contain much purin bodies and are contra-indicated in uric acid diathesis and in old age where endogenous uric acid is vastly increased. It is also contra-indicated in infancy and early childhood when endocrines are not sufficiently developed to neutralise the toxins (e.g.) purin bodies present in such decoctions.

Raw Meat Juice.

To remove the defect in the nutritive value of meat soups, Leibig suggested cold meat infusion e.g. raw meat juice, "which contains over 4% of dry albumen, an amount of proteid equivalent to that found in milk." The nutritive value is therefore very high.

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Another advantage is its ready digestibility and are thus indicated where food should not pass into the intestines, but digested in the stomach and readily absorbed as in certain cases of incessant vomiting and diarrhoea. The albumen in meat juice does not form big firm clots as in the case of milk. Possibly it stimulates appetite by increased secretion of gastric juice.

Raw meat juice contains besides salts and extractions, Serum-albumen, colouring water and vitamine of meat.

The colouring matter is due to Hæmoglobin, the most easily digestible form of organic Iron. On account of the presence of vitamine it is recommended in Tuberculosis.

It is believed that the vitamine of meat is destroyed by raising the temperature to 120°c. This vitamine is necessary for the metabolism of the Nervous system.

The chief disadvantage of raw meat juice apart from the objections of meat food in certain diseases, is its raw flavour "which to certain meat-eaters are highly disagreeable, not to speak of vegetarian Indians. Hence it is often flavoured.

In preparing raw meat juice from fresh meat, particular care should be taken that the meat does not come from a diseased animal.

Fish Soups.

These contain phosphates and are indicated where there is great Nervous prostration. This supply of Phosphates to overcome Nervous weakness is better provided by natural phosphates found in fishes than mineral phosphates as in medicine. The Soup of one adult Singhi fish contains about 9 grs. of phosphates; of Koi fish about 6 grs. and of Magur fish about 3 grains.

(3) Liquid foods prepared from Legumens.

These are various leguminous gruels and are prepared in two ways :—

(*a*) *Clear Soups* —by tying in a muslin and subspending it in a vessel where water is boiled, till the salts and soluble extractions are extracted. These are stimulants like meat soup.

(*b*) *Thick gruels* by boiling and straining. These contain, besides the salts and extractions, albumens and starches in suspension and are therefore of nutritive value.

"Soups of cereals and legumens", says Sir W. Roberts, "are not by themselves agreeable kinds of food as they lack flavour

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"(not so is "Sona"-Mung Soup which has a nice distinct flavour). Clear soups "have no nutritive value, of their own but mixed in the beef-tea they are valuable additions to our resources in feeding the seriously sick."

Most of the legumens liberates H_2S in the intestines from the sulphur they contain. They are richer than cereals in Potash and Lime but poorer in phosphoric acid and magnesia. Lentils are the most nutritious of all pulses as they are remarkably rich in Iron and calcium phosphates. There is also less sulphur (e.g., Masur in our country).

Beans are rich in protied phosphoric acid and fat and they also contain a small percentage of amylaceous and saccharine matter (e. g., Sim.)

Pulses are rich in amylaceous and saccharine matter but poor in fats. Sona Mug is considered wholesome for invalids. Its soup is the first article prescribed by Ayurvedists after recovery from acute diseases, when patients reach the stage of convalescence. Kulthi "is considered as Anti-lithic."

The two chief leguminous soups are those of Mug (constipating) and Masur (Laxative).

The ripe seeds of many of the legumens, says Burney Yeo, "surpasses all other cereals in the large amount of Nitrogenous substance they contain. This occurs as vegetable casein (Legumen) but they contain a little of other protieds and much starches. These leguminous seeds are best suited on account of their richness in albuminates to replace animal food when the latter are not tolerated."

(4) Vegetable Soups and Juices and Liquid Foods.

Vegetable soups are important for their richness in satls, specially potash, some like those of the lily family e.g., onion, garlic, have very agreeable flavour which gives relish to other foods. Mixed soups like vegetables and meat or vegetables and fish are preferable to plain vegetable soups.

The juice of vegetables taken raw contains important salts, sugars, pectins or vegetable jellies, vegetable acids mixed with potash, vitamines &c.

In our country we have got an endless variety of vegetables and Tabers having important nutrient and medicinal properties.

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The various roots, luters, rhizomes &c. are rich source of carbohydrates and sugars e.g., Ol, Man, Kachu, Kandha, Dudh Alu Sweet Potato etc.

The members of the lily family are good flavouring agents containing volatile oils e.g., onion, garlic etc.

Soup of dried Radish is much used by Vaids for its diuretic effects. "It yields on distillation a fœtid material allied in nature to mustard and other cruciferœ and contains organic sulphur."

The Sorrels of India (amrul sag, chuka palang sag) contain important vegetable acids and taken with goat's meat helps its digestion.

Water vegetables containing Iodide and Bromide (e.g., Sushni and Kalmi Sag) are good hypenotics. Cucumber is a good diuretic.

"*Man-manda*" is a specialised diet in Ayurveda used in dropsy. It is prepared from "Man-Kachu" (Alocasia Indica) as follows :

"Take of meal of root stock of Man Kachu 8 tollas, rice meal 16 tollas, water and milk each 48 tollas and make into thick gruel." Besides this diet milk and mercurials are given. It is a mild laxative and diuretic.

There are other important vegetables imported from abroad having important nutritive and medicinal properties.

(5) Liquid Food Prepared from Cereals.

The most important of these are wheat, rice, maize and oats as well as barley, arrowroot, sago and in our country pulv of "Sathi" and Paniphal."

Composition.

	Nitrogen	Fat	Carbohydrate	Salt
Wheat	12·42	1·7	67·89	1.99
Rice	7·81	0·69	76·4	1·09
Maize	10·05	4·76	66·78	1·69
Oat	11·72	6·04	55·43	3·05
Barley	11·16	2·12	65·5	2·65
Sago	0·8	—	86	2
Arrowroot	5	—	82	2·27
Sathir palo	5·6	—	72	—
Paniphal palo	8·6	—	74·7	—

The above are all farinacious food containing excess of carbohydrates and poor in fat and nitrogen The largest quantity of fat is found in oats ; next comes maize. The latter contains sulphur

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which forms H_2S in the intestines. Wheat, Oat, Barley and Maize are richer in Nitrogen than the rest, hence more constipating. All of these contain little water and are compressed food stuff and are important source of vitamine in their pericarp removed in the process of milling.

Wheat is rich in potassium and magnesium as phosphates. It is poor in fat but rich in nitrogen. A Nitrogenous substance "ceralin"—a diastase is found in the inner envelope which is capable of transforming starch into dextrin, sugar and lactic acid. The red variety is richer than the whiter large-grained ones.

Semolina or "Suji" is a granular preparation of wheat made by a special process of grinding and rich in glutin. It is used for making puddings and adding to soups.

In our country it is mixed with milk, sugar and "ghee" and it forms a liquid food of no mean nutritive value (Sujir Payas). In the semi-solid form as "Halua" or "Mohunbhog" it is also much used.

Bread prepared from "Suji" is given to invalids by Ayurvedists for it is more easily digested than whole-wheat breads.

Rice is of much less nutrient value than wheat. It is comparatively poorer in nitrogen. The starch of rice is much more easily digestible. Hence it is a suitable food when the intestines are irritated.

Rice-water (decoction) is used as a demulcent drink in fever and intestinal disorders. It is rich in phosphorous and contains some vitamines. "Amani" (fermented rice gruel is a very soothing and stimulating drink in hot weather. Rice pudding is much used in Europe.

Cornflour prepared from maize is apt to cause intestinal disorders due to the sulphur present. It is contraindicated in irritabe intestine and diarrhœa and is good when there is diminished intestinal secretion (resulting in constipation) with torpor of the muscular layer. Maize is not a native of India.

Oats are the richest in nitrogen and fat and oatmeal porridge is a food of high nutritive value and according to Dujardin-Beaumetz is the cause of fine muscles of the Highlanders of Scotland who are accustomed to take it from their childhood.

Barley is rich in nitrogen, iron and phosphoric acid. It is a good beverage and stimulates the kidneys.

Malt is barley made to germinate by heat and moisture and then dried. A substance—a diastase is formed which digests

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farinaceous food. It is of inestimable value in flatulent dyspepsia and goes better with milk and codliver rather than meat broths. In our country it is apt to ferment readily and one should see that no old stuff is given.

Arrowroot is derived from the tubers of Moranta armedinaceæ and is a pure form of starch. Arrowroot water is a bland unirritating beverage food in diarrhœa and irritable intestines.

Sago is another veriety of starch and is believed to be a laxative and is good where the bowels are more or less constipated.

"*Sathir palo*" is another veriety of starch obtained from Curcuma Zedoaria, the rhizomes of which possess an agreeable camphoraceous smell. It is laxative and is good in infantile liver, containing organic sulphur.

"*Paniphal palo*" is another variety of starch obtained from the fruits of Tarpa Bi-spoinsa, an aquatic plant containing Iodide and Bromide. It is lighter than wheat.

In preparing these starches for invalids one should cook the starch thoroughly in excess of water over a slow fire. If any uncooked starch is left it is apt to cause flatulence.

Regarding Farinaceous foods, Sir William Roberts state that if we had more knowledge and experience in their use, we could perhaps utilise them with advantage and combine them in various ways to meet the indications and necessities of each case." The Ayurvedists use it more freely.

(6) Fruits and their Juices.

In tropical India with its luxurious vegetation one finds an endless variety of fruits to select for invalids. Some have nice flavour due to mallic and other organic acids ; some have slight acid taste due to various vegetable acids, tartaric, citric etc. ; some contain valuable salts (Potash etc.) Some have nutritive value due to carbohydrates as sugars or fats as in nuts. They are the chief source of anti-scorbutic vitamines as most of them are taken raw. Some have important medicinal properties e.g., "Black Jamun" in diabetes ; the juice of the Palm e.g, cocoanut, fresh, unfermented juice of Tal, Dates etc., are good diuretics. Some are soothing and refrigerant e.g., water of melon. Some contain digestive ferments e.g., Papaya, Pineapple. Some have specific properties e.g., "Bæl" in dysentery etc. In the various fruits and vegetables of India lies a rich field of research to analyse the important salts, the different

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vitamines and the nutritive proximate food principles and specific principles they contain.

COMPOSITION.

	Proteid	Sugar	Salt.
Pomegranate juice	0·61 to 0·93	6·5 to 7·5	—
Cocoanut milk	0 62	6·2	0·55

Fruits have generally a low nutritive value and thus are very useful as dietetic articles for invalids. They contain either free acids or as important salts of vegetable acids as alkaline salts. In the body these change into carbonates and add to the alkalinity of blood and prevent acidosis, so common in various diseases. Most of them are delicacies and are valuable anti-scorbutics. The flavour is often due to essential oils in some e.g., the nuts. The fruits are therefore cooling, refreshing beverages of agreeable flavour, soothe the intestines and stomach, stimulate the liver and are mild antibilious laxatives, check acidity, stimulate Nerves due to organic phosphates.

Oranges are specially valuable for invalids relieving thirst of fever. Lemons and their allies are valuable antiscorbutics. Strawberries and peaches are suitable for gouty subjects. Mulberry is slightly laxative strawberry diuretic and laxative Grape cure is a specialishd diet to be discussed presently. Mangoe is good in dropsy and albumineria ; unripe mangoe-juice and sugar form a good "sherbat" in the hot weather ; milk of cocoanut is good in acid dyspepsia, is soothing, checks nausea and hiccough, relieves thirst and is diuretic. Bael checks fermentation in the stomach and is good in dysentery. Papita and pineapple are good digestives ; the former is the source of Papain. Pineapple and pomegranate are vermifuges, the latter contains phosphates. Juice of Tal and Dates, if fresh are valuable diuretics. The nuts *e.g.*, almond, pistachio nut, walnut etc. contain vegetable fats, the former fig very good in brain fag and in high Bold Pressure.

Papain is derived from Papita (Carica Papaya) and contains an active principle extracted from the dried juice of the fruit. The inner endocarp of the fruit which remains white with the seeds attached when the fruit is ripe is rich in papain. It is slightly bitter to the taste and generally the portion is thrown away from the ripe fruit. In the unripe fruit papain is present throughout the messcarp. But for the diastase present the fruits would have been well nigh indigestible and unfit for human consumption.

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Banana is a good nutritive food. The meal of unripe banana is also a highly nutritive starchy food (84% of starch). The decoction of unripe banana is astringent.

Grape Cure is a special form of dietetic treatment. The nutritive value of grapes is very great but they contain sugar and potash. They are agreeable form of food and afford one of the few means at our disposal between nutritive substances on the one hand and medicinal substances on the other. They are good for pulmonary cases (Pitta stage) in case of gastric catarrh, constipation, hepatic conjestion and abdominal plethora (in the latter, to be taken 3 or 4 times a day), in piles, in cardiac disease with a tendency to visceral congestion and venous engorgement, hyperæmia of liver and chronic constipation. They prevent debility and fatigue due to fast life or sendentary habits or weakend by severe diseases where convalescence is slow. They are good in chronic bronchial catarrh and emphysema, gastric and intestinal catarrh, anæmia, stone, gouty concretions and malarrhial cachexias" (B. Yeo.)

It may be noted that fruits are prohibited in Ayurveda in acute catarrh conditions of the Lungs and the G. I. tract.

Sir William Roberts observes that "in forming a plan of dietary for the sick, distinction must be made between gastric and intestinal digestion (apart from diseased conditions, the peptic digestion of Indians is much weaker and the pancreatic digestion stronger due to the habits of generation of taking excess of farinaceous and practically little protied diet). In healthy persons and invalids of the slighter sorts, we must have regard mainly to gastric digestion, but in the seriously sick the stomach becomes often inoperative (more so in the case of Indians) and digestion becomes intestinal. The sympathy of the stomach with the general condition of the system is much more active and close than that of the intestines. The seriously sick and specially the feeble sick are often quite unable to take solid foods.

When the appetite and the power of taking food fails, it fails first with regard to meat diet and next to starchy food. In this condition the stomach loses its normal office and becomes merely a conduit to pass on liquid food to the duodenum. Perhaps this is not strictly true except in certain cases viz., an absolute abeyance of gastric secretion, but it is reduced to so low an ebb that it covets for nothing in the work of digestion."

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Considering that the stomach digestion of Indians even in health is much weaker than that of Europeans, it readily upsets on the slightest pretext (in acute fevers for example) and Ayurveda recommends fasting to give rest to the stomach and to eliminate waste products accumulated by the G. I. tract. The object of fasting is attained when the secretions and incretions are free once more and when a graduated course of food is allowed.

The tendency of modern Europe is towards a too sustaining diet and the benefits of fasting are slowly being appreciated (vide Fasting, Food in health).

EGG.

In certain condition of the system *e.g.*, Typhoid fever, when starches and sugars are ill-borne, and fasting is contra-indicated *Egg water* or ablumen water is indicated. It produces no tympanites.

Egg—Yellow of egg with brandy, sugar and milk is a very nutritive food in extremely debilitated conditions and in convalescence.

CONTRA INDICATION IN THE FEVER.

To check the tendency to vomit.

To brush the teeth with twigs or small branch of trees recommended in health.

To partake of unwholesome food.

To take excess of food.

To take incompatible food combinations.

To take food which produces food which causes acidity, burning and thirst (Bidahi Drabya).

To take heavy indigestible food.

To drink bad water.

To take excess of alkaline or acid articles of diet.

To take excess of vegetable leaves.

To take germinated cereals.

To take excess of limes, beetle, melon, "Arh"-fish, Til or mustard.

To take fungi, "Pitha" and other foods which cause slime in the G. I. tract (Avisandhya drabya).

Contraindication in Convalescence

Not to perform severe physical exercise, coition, extensive walking and batting, till the patient is strong.

To be be continued.

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RESTORATION AND DEVELOPMENT OF AYURVEDA

BY

GIRINDRA NATH MUKHERJEE, B.A., M.D., F.A.S.B.,

Author of Surgical Instruments of the Hindus, History of Indian Medicine, etc., etc.

(*Continued from our last issue*).

Q.—Who were the Native Doctors? Why did the native doctor die long ago?

A.—Because the graduates of the Medical College came out, and it is a fact that the better qualified seniors always try to oust the juniors and less qualified medical men in practice.

Native Doctors :—Before the establishment of the Medical College and Native Medical Institution, it was customary to employ natives as subordinates in hospitals superintended by British Surgeons to carry out their instructions. Gradually these subordinates acquired skill and experience in medical science and were called "Native Doctors." They were recognized by the Government as such and were ordered to be attached to regiments and civil stations. They acted as compounders and dressers and had to undergo examinations, before they were entitled to higher status. They formed the 'third class' of native doctors. In 1822, the Calcutta Native Medical Institution was established to carry on a better and uniform system of education in medical sciences. Jameison, Breton and Tytler were Superintendents of this school. An excellent class of native doctors—the second class—was the result. They were employed in the army and civil stations.

In 1835 this Institution was abolished and the Calcutta Medical College was established "for the instruction of native youths in the various branches of medical science, through the medium of the English language. The passed students were to receive certificates allowing them to practice medicine and surgery and were to receive pay as native doctors. In June, 1838, the demand for native doctors in the army was great, and the reply of the Council to the Government demand was "that the college in its present state, is not likely to afford a supply of subordinate medical officers to the native army. That the duties of the native doctor, and his pay, are incommensurate to the education given in the college." It was then resolved by the Government that

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students of this college should, on passing their examination, receive the title of Sub-Assistant Surgeons. They are now known as Assistant Surgeons.

A secondary or military class was then formed for the instruction of native doctors through the medium of their vernacular. They were required to live in the college precincts and to be amenable to military law.

In 1847-48 regulations were drawn up for the education in the College of pupils for the European subordinate medical department. The students on passsng their examinations, used to furnish Apothecaries and Stewards to the hospitals of European troops.

In 1851-52, the establishment of classes for the education of Bengali native doctors was added to the secondary class. The students, after passing their examinations, were employed in jails and civil stations of lower Bengal. The students who passed their examinations were also called native doctors. The Bengali class developed afterwards into a separate school—the Campbell School in 1875. The students, on passing their examination from this school, had been known as Hospital Assistants. They are now styled as Sub-Assistant Surgeons.

Q.—Do you think that teaching in Bengali or English would make any difference ?

A.—The students like to study medicine in English. At first training was given in English and Bengali in the medical schools but gradually the English came into use because the students liked it better than the Bengali. Really the students find that the English books are easier to learn and the Bengali synonyms of scientific terms are very difficult sometimes. In the case of the Ayurvedic medical schools they would not have so much difficulty as with the western school for in the first case they will have to deal with one class of students.

Q.—Would you sacrifice the advance of Bengali by imparting training in English ?

A.—No—for the present only ; so long as there are no good books or translations in Bengali. Only up to that time they will be taught in English. When good Bengali books will be available then they will be taught in Bengali, Madhavakar's *Nidana* is a good book. It has also been recast. The final medium of training would be Bengali.

In his address to the Medical College of Calcutta, Professor Sir William O'Shangnessy said—"The progress of the principles of Normal and Vernacular education cannot now be checked. These facts (see his address to the Medical College students) have deprived the anglo-vernacular party of even a pretext for advocating the exclusive use either

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of English or of the learned native tongues. Let those who wish well to India, and desire to see its inhabitants flourish in knowledge, visit the secondary schools of the new Medical College, and they will see the first fruits of the Normal system I have felt it an imperative duty to publish these important facts".

When the Orientalists and the Anglicists were fighting to determine the medium of instruction of Indian youths, the celebrated scholar Mr. Hodgson cherished equal doubts about the fitness of the Sanskrit, the Arabic and the English languages as the medium of studies for the various nationalities and races which inhabit India. Dr. Wilson in 1838 remarked—"Mr. Hodgson's advocacy of the vernaculars is most powerful and convincing. They must be the medium of the regeneration of India, as they have been such of every country on the face of the globe."

Q.—Why do you say that the most of the methods of treatment are "empirical"?

A.—This is the idea of the people taught in the western science. All the teachings of the Ayurveda cannot be accidental; they must have been founded on facts, experiments and experience. But nowhere are given reasons for the facts, *e g*, salt-free diet in ascites and liquid diet in typhoid. They have only described the facts in *sutras* and the commentators and teachers only dilate these facts to the students.

Q.—What is your idea about the text books?

Paragraph 10, (6) page 22—"the text books require to be recast, etc." (*vide* Dr. Mukerjee's paper).

A.—The teachings of the modern sciences must be incorporated with the teachings of the Ayurveda; if there is anything in the Ayurveda that does not corroborate scientific facts, it must be discarded.

Q.—Are there any Botany, Biology, Physics, Chemistry in the Ayurveda?

A.—From the following it will be seen that biology was taught in the Ayurveda in the olden times:

Jivaka was a student in the University of Taxilla. When he finished his studies he wanted a certificate from his teacher. His teacher ordered him to go and examine the plants which were within a few miles of that University and to note all the plants that were of any medicinal importance. After inspection he reported that there was not a single plant which had not had some medicinal property.

In the *Atharva Veda*—there are mentions about various worms. The description of the worms given by the Risis are exactly the same as given by the writers of the present age. Strange it is that the Risis in their description made the same sort of mistakes as were done at first by

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the early writers of the western science. I would refer you to my book "*Human Parasites in the Atharva Veda.*" There are no separate text books of Biology, Physics, Chemistry, etc.

Q.—What are the subjects which have distinctive characters in the Ayurveda ?

A.—Medicine and Meteria Medica. The text books on Biology, Physics, Chemistry, Anatomy and Physiology may be written on the model of the Ayurveda with the addition of facts from other sciences.

Q.—You say that there ought to be a Central College, etc. (*vide* Mr. Mukherjee's paper, paras 11-15)—Why ?

A.—If an Ayurvedic College be established and recognised by the Government then the old Kavirajes who have a differerent training in the *Tols* shall have great difficulty in their practice So there ought to be a separate system of teaching for those Kavirajes to give them some idea about the modern advancements.

Q.—The scheme that you have given is too expensive. Can you curtail it ?

A.—Yes, the scheme is expensive, but you cannot get good men for anything less than the amount. But you can get some good men who will be glad to do honorary work.

Q.—What is the nature of the Ayurvedic teaching that is given by the Punjab University.

A.—See Calendar of the Punjab University.

Q.—How will the District Board be a source of teaching to the mass ?

A.—They will get training as apprentice—and only practical training like that of the compounders.

Questions asked by Mahamahopadhyaya Gananath Sen.

Q.—In case the Government is unable to start a Government Central Ayurvedic College, under the present financial condition, do you think that a suitable subsidy to an existing Ayurvedic College would suffice for the proper teaching of the Ayurveda ?

A.—I want a thoroughly equipped model institution maintained by the Government. But if the Government is unable to start such an institution immediately, then any of the existing institutions may be subsidised, provided the subsidy is sufficient to bring it to the standard of a model institution.

Q.—What would be proper control that Government would exercise ?

(*a*) If the College be a Government one—there should be a board to manage the working of the College. In the board, members will be

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nominated by the Government from Government officials, from Ayurvedic practioners, from doctors and from laymen. It should not be maintained and managed like the Calcutta Medical College.

(*b*) If it be a subsidised College—the College must be a public institution—there should be one Government official, the other members will be from the doctors, kavirajes and laymen.

The internal management of the College will be in the hands of the Principal.

Q.—If proper arrangements are made for the teaching of the Ayurvedic medicine up to the required standard, should the University grant degrees and diplomas for Ayurveda to the regularly trained students ?

A.—Yes. I think it is the duty of the University.

Report of the Ayurvedic Colleges Amalgamation Special Committee.

PREFACE.

In April, 1924, the Principal of the Baidyasastrapitha applied to the Corporation for (1) a capital grant of Rs. 25,000, (2) a recurring annual grant of Rs. 10,000 and (3) a plot of rent-free land measuring not less than 3 bighas for the erection of a College and Hospital. The Public Health Standing Committee of the Corporation on the 23rd May, 1924, referred the matter to a Sub-Committee. The Sub-Committee inspected the various Ayurvedic Institutions, and the first question that struck them was whether it was not desirable and necessary to start a really efficient Ayurvedic College in Calcutta for the promotion of Ayurvedic learning. They were further prompted to raise this question by the fact that there were such institutions in other parts of India and they particularly referred to the Ayurvedic College in Madras. They communicated with the Principal of the Ayurvedic College, Madras, the Madras Corporation, the Bombay Corporation, the Poona Municipality and the Principal of the Delhi Tibbi College of Science with a view to ascertain their views. They consulted the authorities of the existing three Ayurvedic Colleges in Calcutta *viz.*, the Astanga Ayurvedic College, Baidyasastrapitha and the Govinda Sundari Ayurvedic College and invited them to attend their meetings with a view to help them in their deliberations and to consider whether the different Ayurvedic Institutions could be amalgamated into a first-class Ayurvedic College. From the discussions they had with the authorities of these institutions, the Sub-Committee gathered that they

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were all willing to amalgamate provided the Corporation took the necessary steps in the matter. The Public Health Standing Committee discussed the matter threadbare at two of their meetings, agreed with the Sub-Committee in their views and strongly recommended as follows :—

(1) That the support of the Corporation be extended to the Ayurvedic, Unani and other indigenous systems of medicine and treatment.

(2) That the question of grant to a new Ayurvedic College having regard to the views expressed by the authorities of the three existing Ayurvedic Colleges and other eminent gentlemen interested in the promotion of the Ayurvedic system of medicine and treatment, the Committee are of opinion that in the existing state of things, it is highly desirable that the three existing Ayurvedic Colleges of Calcutta, *viz.*, Astanga Ayurvedic College, Baidyasastrapith and Govinda Sundari Aynrvedic College should be amalgamated and that a really efficient Ayurvedic College should be started in Calcutta with a well-equipped Ayurvedic Hospital and Outdoor Dispensary and a Herbarium under the management of a representative Ayurvedic Board to be registered.

Appointment of the Special Committee and their recommendations.

The Corporation at their meeting held on the 4th September, 1924, accepted the recommendations of the Public Health Standing Committee, and, with a view to give effect to the proposal, appointed a Special Committee constituted as shown in the margin to frame a detailed scheme for an amalgamated Ayurvedic College and a constitution for the said Ayurvedic Board. The Special Committee have held 12 meetings. At the 1st meeting held on the 13th November, 1924, Dr. Pramatha Nath Banerjea, M.L.C. was elected President of the Committee. Mahamahopadhyaya Gananath Sen, President, Ayurvedic Sabha, Kaviraj Shamadas Bachaspati, Principal, Baidyasastrapitha, Kaviraj Ram Chandra Mullick, Principal, Gobinda Sundari Ayurvedic College and Kaviraj Jamini Bhushan Roy, Principal, Astanga Ayurvedic College were requested to send their

(1) Dr. Sundari Mohan Das.
(2) Dr. B. C. Ghose.
(3) Babu Jogesh Chandra Sen.
(4) Babu Sukumar Ranjan Das.
(5) Babu Ramaprosad Mukhopadhyaya.
(6) Kaviraj Shamadas Bachaspati, Principal Baidyasastrapitha.
(7) Kaviraj Shib Nath Sen.
(8) Dr. Amiya Madhab Mallik.
(9) Dr. Pramatha Nath Banerjea.
(10) Dr. Girindra Nath Mukerjee.
(11) Dr. K. S Roy.
(12) Mahamahopadhyaya Gananath Sen, President, Ayurvedic Sabha.
(13) Kaviraj Jamini Bhusan Roy, Principal, Astanga Ayurvedic College.
(14) Kaviraj Ram Chandra Mullick, Principal, Govinda Sundari Ayurvedic College.

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suggestions for a scheme for an amalgamated Ayurvedic College and a constitution for an Ayurvedic Board with a special reference to the following points :—

(1) Constitution, (2) Location (3) Name of the institution, (4) Equipment including (*a*) College, (*b*) Hospital (*c*) Herbarium and (*d*) Miscellaneous, (5) Scope of studies, (6) Funds, and (7) Existing arrangements of each of the institutions.

The Committee further agreed that they would consider any scheme submitted by any other member of the Committee in this connection.

Mahamahopadhyaya Gananath Sen and Kaviraj Jamini Bhushan Roy submitted a joint scheme and Kaviraj Ramchandra Mullick and Kaviraj Shamadas Bachaspati submitted their schemes separately touching on all the points referred to above. No other scheme was submitted by any other member of the Committee. It would appear from the schemes submitted that the authorities of the three institutions are sincerely in favour of an amalgamation. They have also assured the Committee that they would abide by their decision in every matter in this connection. The Committee have carefully gone into the schemes submitted, have discussed the various points raised therein and have considered all matters ancillary thereto. They beg to submit the following recommendations to the Corporation :—

(1) *Amalgamation.*—The three Ayurvedic Colleges, *viz.*, the Astanga Ayurvedic College, the Baidyasastrapitha and the Govinda Sundari Ayurvedic College be amalgamated.

(2) *Name of the Institution.*—The amalgamated College be named "The Ayurveda Mahavidyalaya"

(3) *General Society.*—The Committee agreed that there should be a Society and that any person having sympathy with the object of the Society should be eligible to be a member of the Society.

That for the purpose of amalgamation, all members of the Institutions namely Baidyasatrapitha, Astanga Ayurvedic College and Gobinda Sundari College, should be eligible to become members of the Society in accordance with the Rules and Regulations.

(4) *Governing Body.*—That there should be a governing body for the purpose of carrying on the work of the amalgamated college and hospital according to the rules and regulations for the time being in force and the resolutions of the Society.

(5) *Provisional Ayurvedic* Board.—That for the first year there should be a Provisional Ayurvedic Board for the purpose of organising the amalgamated college and hospital and conducting affairs of

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the institution. The Provisional Board should be constituted as follows :—

(*a*) Each of the existing three colleges should elect 3 members ... 9

(*b*) The Special Committee should elect—

(*i*) 3 eminent Kavirajes not connected with any of the existing colleges 3

(*ii*) 6 members from the general public 6

(*c*) The Corporation to nominate 3 members 3

Total 21

(6) *Office-Bearers.*—For the present there should be the following principal office-bearers :—

(*i*) The President of the Board.
(*ii*) The Rector of the College.
(*iii*) The Principal of the College.
(*iv*) The Secretary or Secretaries to the Board.
(*v*) The Superintendent of Hospital.

That the Principal of the amalgamated college should be a paid officer and should devote his whole time in the work of the College.

That the Principal should be appointed by the Provisional Ayurvedic Board.

That Kaviraj Shamadas Bachaspati should be President of the Provisional Board.

That Mahamahopadhyaya Kaviraj Gananath Sen should be Rector of the College.

That Kaviraj Jamini Bhusan Roy and Ram Chandra Mullick should be the Joint Secretaries of the College.

That Kaviraj Shibanath Sen should be the Superintendent of the Hospital and that the post should be honorary for the present.

The Corporation's Contribution.—Having regard to the schemes submitted by Kaviraj Shamadas Bachaspati, Mahamahopadhyaya Gananath Sen and Kaviraj Jamini Bhusan Roy, the Committee are of opinion that about 5 bighas of land would be rquired for the amalgamated College and Hospital. The capital expenditure for buildings and equipment would be about Rs. 3 lakhs and annual recurring expenditure would be in the neighbourhood of Rs. 60,000. They recommend that the Corporation should give a plot of land measuring about 5 bighas in a suitable locality in Calcutta for the amalgamated College and Hospital, contribute a lakh of Rupees towards the cost of the buildings and equipment and make an annual grant of Rs. 30,000 for maintenance.

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(8) *Memorandum of Association and the Rules*—The Memorandum of Association of the Society and the Rules are appended hereto.

(9) *Representatives on the Provisional Board elected by the existing Ayurvedic Colleges.*—The authorities of the existing three Ayurvedic Colleges have selected the following representatives on the Provisional Board :—

(*i*) The Baidyasastra Pith :—

1. Kaviraj Shyamadas Bachaspati.
2. Kaviraj Sarat Chandra Kabya-Byakaran-Sankhya-Vedantatirtha.
3. Kaviraj Bimalananda Tarkatirtha.

(*ii*) The Astanga Ayurvedic College :—

1. Mahamahopadhyaya Kaviraj Gananath Sen, Saraswati, M. A., L. M. S.
2. Kaviraj Jamini Bhusan Roy Kaviratna, M.A., M.B.
3. Kaviraj Hem Chandra Sen, Bhisagranta.

(*iii*) The Govinda Sundari Ayurvedic College :—

1. Maharaja Sir Manindra Chandra Nandy, K.C.I.E.
2. Maharaj-Kumar Srish Chandra Nandy, M.A.
3. Kaviraj Ram Chandra Mallik, Kavya-Vyakaran-Sankhyatirtha, Sathdarsonacharya, Bhisakshastri.

NOTE OF DISSENT.

To

4th April, 1925.

The Secretary,

Corporation of Calcutta.

Dear Sir,

I beg to acknowledge receipt of a copy of the Minutes of the Proceedings of the last meeting of the Special Committee appointed to frame a detailed Scheme for an amalgamated Ayurvedic College and a Constitution for an Ayurvedic Board, containing Report as adopted by the Committee. As the Report is going to be placed before the Corporation soon, I would request you to place my note of dissent along with it before the Corporation.

1. We began our work as members of the Special Committee with the object that the proposed Ayurvedic College would be formed by the amalgamation of the three existing Ayurvedic Colleges, *viz.*, Astanga Ayurveda Vidyalaya, Govinda Sundari Free Ayurvedic College, and the Vaidya Sastra Pitha. We tried our best for the desired amalgamation and we framed a detailed scheme for the amalgamated college. But for some reasons which would be apparent from the Extracts of

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the Proceedings of the Governing Bodies of the colleges concerned, amalgamation was not found possible. I do not blame any body for their decision to which they arrived after mature deliberation ; but as the amalgamation failed, the scheme formulated in our Report could no longer be called a detailed scheme for the amalgated Ayurvedic College.

2. In the formation of a Provisional Ayurvedic Board, item No. 5 in the Report, it was unanimously adopted that (*b*) the Special Committee should elect (*i*) 3 eminent Kavirajes not connected with any of the existing colleges, and (*ii*) 6 members from the General public. But no such election of the members took place, and we were obliged to send our Report incomplete. We were told that the Special Committee had not been entrusted with the power of election of the members by the Corporation, and consequently the 9 members were elected by the Corporation. Personally I do not think that any gentleman who is sympathetic to a particular college should be debarred from being appointed a member ; but as we provided that the 3 colleges should select 3 representatives each, it was settled that members under 5 (*b*) should be selected from gentlemen not connected with the 3 existing colleges. But some of the gentlemen selected by the Corporation are connected with the colleges mentioned above.

3. In the item No (6), the principal office-bearers have been selected by the Special Committee, and names of gentlemen have been recommended for the posts. The representatives of the three colleges were also elected by the colleges, and the names of the gentlemen so elected had been accepted by the Special Committee. If the Special Committee had no power of election, the names of gentlemen elected for the principal offices should be deleted from the Report. Then our Report would consist of a scheme and a constitution of the proposed College and the provisional Board, and to be consistent throughout, no name should have been suggested. Either we should have elected the members according to our resolutions, or we ought to have ceased to nominate any. In fact, our recommendations for the principal office-bearers were made on the basis of the resolution 5. The result of the election (12 by the Corporation and 9 by the 3 Colleges) was that 21 members of the provisional Board had no voice in the election of the principal office-bearers. The office-bearers themselves expressed their doubts about the procedure adopted.

On all other points I fully approve the Report.

Yours faithfully,
(Sd.) G. N. MUKERJEE.

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Appendix.

Memorandum of Association of Ayurveda Mahavidyalaya.

1. The name of the Society shall be the "Ayurveda Maha-Vidyalaya Parishat."

2. The Registered Office of the Society shall be situated in Calcutta.

3. The objects of the Society shall be the imparting of Ayurvedic Education to students in a systematic manner, the advancement of the Ayurvedic science for the benefit of the suffering humanity; and for the attainment of the aforesaid objects the Society may adopt any or all of the following means, namely :—

(*a*) To establish and maintain a College or Colleges and a Dispensary or Dispensaries, Hospital or Hospitals and construct, equip and manage such buildings, Lecture-rooms, Museums, Laboratories, Herbarium and Gardens, Libraries, Hospitals, Dispensaries, Hostels, Boarding Houses and other necessary buildings to be used in connection therewith and as adjuncts or accessories thereto.

(*b*) Provide for the admission and treatment of in-door and out-door patients in the Hospitals or Dispensaries which may be started or may hereafter come under the control of the Society.

(*c*) Provide for the moral training of students of the College in keeping with the best traditions of the country.

(*d*) Make and amend rules and regulations in connection with the management and control of the said College and hospital and other institutions that may be established or taken over by the Society and for the residenc for the students and officers and servants and particulary in connection with the admission and conduct of students and regulation of studies.

(*e*) Encourage research in the Ayurveda and allied sciences by grants from the funds of the Society or by the establishment of Fellowships, Scholarships, Prizes or Rewards and in such other manner as the Society may determine upon.

(*f*) Endow or establish Professorships, Lectureships, and Readerships in the Ayurveda or allied sciences.

(*g*) Encourage systematic study of diseases and drugs according to Ayurvedic and if necessary modern methods.

(*h*) Grant Diplomas, Certificates of Proficiency, Medals, Scholarships, Free-studentships or Rewards to students of the College under such terms and conditions as the Society may think fit.

(*i*) Establish farms for the cultivation, distribution and supply to the profession of medicinal plants under such conditions as the Society may determine.

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(*j*) Collect manuscripts and compile, edit, translate, print, publish, sell or help in the compiling editing, publishing, printing and selling of books or journals, for the use of students, practitioners or the generel public.

(*k*) Publish, circulate or sell or help in the publication or circulation or sale of a journal of a character specially adapted to the needs of the Ayurvedic science and for purposes of making Ayurveda better known amongst the people of the country and for purpose of creating general interest in Ayurveda.

(*l*) Publish, distribute or sell records of transactions and calendars of the Society and bulletins and reports of the work done in the Hospitals, Dispensaries and Laboratories connected with the Society.

(*m*) Consider the law of India and all questions affecting the Ayurvedic profession and adopt such measures from time to time regardig the same as may be deemed expedient or necessary.

(*n*) Purchase, take on lease or otherwise acquire, hold, manage, let, sell, exchange, mortgage or otherwise dispose of movable or immovable properties of every description and all rights or privileges necessary or convenient for the purpose of the Society, and in particular any lands, buildings, furniture, household and other effects, utensils, books, newspapers, periodicals, instruments, fittings, apparatus, appliances, conveniences and accommodation and when deemed necessary or desirable in the interest of the Society, sell, demise, let, hire mortgage, transfer, or dispose of the same.

(*To be continued.*)

—o—

KAVIRAJ JAMINI BHUSHAN MEMORIAL MEETING.

—o:—

Maharaja of Cossimbazar Presides.

To pay tribute to the memory of Kaviraj Jamini Bhusan Roy, the founder of Astanga Aurveda Bidyalaya, a largely attended public meeting was held at the spacious hall of the Bidyalaya on Saturday evening the 4th September under the presidency of Maharaja Manindra Chandra Nandi of Cossimbazar.

Among those noticed on the platform were Hon. Mr. Justice Manmatha Nath Mukherjee, Rai Bahadur Prosanna Kumar Das Gupta, Kaviraj Samadas Bachaspati, Babu Piyush Kanti Ghose, Rai Bahadur Dr. Chuni Lall Bose, Kaviraj Ram Chandra Mullick, Kaviraj Gananath Sen, Mr. J. N. Basu, Babu Brojogopal Goswami, Babu Khagendranath Mitter, Dr. M. N. Banerjee, Babu Rama Prosad Mukherjee, Principal

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Girish Chandra Bose, Babu Mrinalkanti Bose, Babu Surendra Nath Laha, Srijukta Sarala Devi, Srijukta Hemaprava Mazumdar, Babu Basanta Kumar Mozumdar, Babu Kumar Krishna Mitter, Sj. Taranath Roy Chowdhury, Rai Haridhone Dutta Bahadur, Rai Hari Nath Ghose Bahadur, Kaviraj Bimolanand Tarkatirtha, Babu Manmohon Pandey and Babu Bhutnath Mukherjee. The proceedings commenced with a song specially composed for the occasion.

This over, Kaviraj Gananath Sen read the messages of condolence sent by Mahatma Gandhi, Maharajadhiraj Bahadur of Burdwan, Jagat-Guru Sankaracharya of Goburdhan Matha, Raja of Nashipore and several other prominent men of the country.

Kaviraj Gananath Sen then welcomed the gentlemen with a heavy heart in the building of the Astanga Ayurveda Bidyalaya which was still under construction and said that they had a great desire to welcome them during the opening ceremoney of the Bidyalaya with Jaminibhusan who was the heart and soul of this College and who, besides giving a princely donation to the building fund begged from door to door and collected a large sum of money to make his attempt a success, but their desire was not fulfilled as God had taken him away from their midst.

He sacrificed his life to spread the Ayurvedic culture in the country and worked hard till the last breath of his life to make his misson a success. In him the country had lost a great philanthrophist and the Kaviraj community a great jewel.

Kaviraj Satya Chandra Kaviranajan then read a short history of the life of Jamini Bhusan which was followed by the reading of poems in Sanskrit paying a glowing tribute to his memory.

Babu Piyushkanti Ghose in the course of his feeling speech said that if they wanted to keep his memory alive they should establish branches of the Astangya Ayurveda Bidayalaya in every district in Bengal.

Srijukta Sarala Devi, Srijukta Hemaprava Mazumdar, Mr. J. N. Basu, Babu Brajagopal Goswami, Babu Khagendranath Mitter, Kaviraj Shama-Das Bachaspati and Hon. Mr. Justice Monmatha Nath Mukherjee delivered speeches paying a glowing tribute to his memory.

The President in a neat little speech gave a short history of the life and work of the great Kaviraj and offered twenty beds to the hospital of the Astanga Ayurveda College.

Resolutions in expressing deep regret at the untimely death of Kaviraj Jamini Bhusan Roy and proposing to instal a marble statue in the hall of the College and offering condolence to the berieved family were unanimously adopted.

With a vote of thanks to the chair the meeting terminated late in the evening.

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The Bengal Government and Ayurveda.

—:o:—

Some years back the people of four major provinces, Bengal, Madras, U. P. and Behar-Orissa asked their respective governments to recognise the claims of Ayurveda and to grant State-aid. Three of them issued Commissions, Bengal, Madras and U. P., to consider the claims of the Indigenous System of Medicine as also whether State-aid should be given or otherwise.

The Madras Government was the first to come forward with State-aid for regeneration of Ayurveda, inspite of the strongest opposition of the vested interests headed by the veteran Editor of the British Medical Journal who espoused the cause of his countrymen in the Indian Medical Service. Madras Government has therefore the honour to rise first above petty tricks and mean jealousies and followed a broadminded policy and came forward with State-aid to develop the indigenous system of medicine which caters to the medical needs of the dumb millions of India amongst whom Allopathy is unknown and will take a very long time to establish itself inspite of the strenuons efforts of the Government. They were further satisfied that even in big towns where every attempt is made to establish the exotic foreign system of medicine on a very firm footing, not only did it fail to crush the rival indigenous system out of the field, but the latter is flourishing side by side even without any State-aid. They therefore concluded that the claims of the indigenous system are sufficient to warrant State-aid, for

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it helps the rich as well as the poor, the educated as well as the uneducated, in relieving their bodily troubles.

The Behar and Orissa Government, without any fuss about issuing of Commission, now that Madras has decided in favour of State recognition and State aid, recognised the claims of Ayurveda and offered State aid for the development of the Indigenous system which was gratefully accepted by the people

Now we are glad to find that the U. P. Government have also followed the footsteps of Madras and Behar and recognised the claims of the Indigenous system of medicine and have given it State-aid.

It is a great pity that Bengal which claims to be the premier intellectual province of India is still lagging behind, though the people of Bengal are no less persistent in their claims. The Bengal government ought to rise to the need of the occasion and satisfy the people's demand in this direction It should not sleep over the matter any longer.

It is said in season and out of season that if the people take the initiative in starting public benefit measures, government would come forward to help them to continue the good work. So far as the Ayurveda is concerned, the people of Bengal under the lead of the late Kaviraj Jamini Bhusan Roy (whose sudden and untimely death we all deplore as a great loss to the cause of regeneration of Ayurveda) and Mahamahopadhyaya Gananath Sen opened the Astanga Ayurvedic College. It is time that Government should come forward and subsidize, not niggardly but most lavishly, this premier Ayurvedic institution of Calcutta, where attempt is being made to teach the best of *modern* Western and *ancient* Eastern medicine on Eastern lines.

We must sound a note of warning as regards the opening of some Ayurvedic institutions with or without

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State-aid. It is not desirable to work those on old orthodox lines or in other words to start glorified "tolls". Unless we incorporate what is lost or unknown in Ayurveda from modern Western science there is no hope for its regeneration. It is not enough to open Ayurvedic institutions only and conduct the teaching on old orthodox lines. The opening of such institutions will not advance the cause of regeneration of the Indigenous system and will be so much waste of public and private money. Students who will pass from such institution will not command the confidence of the suffering public so much as when they are fully trained on the basis of Eastern and Western medicine and the entire scheme will collapse sooner or later.

MAKARADHWAJ.

It is one of the greatest triumphs of Ayurvedic Chemistry. This peculiar combination of Mercury and Sulphur in the presence of Gold is different chemically and theraputically from the ordinary Sulphide of Mercury (Rasa-sindura) of modern chemistry. The presence of gold while mercury and sulphur combine imparts to the combination a potency wanting in the ordinary combination Rasa-sindura. This differentiates therapeutically Makaradhwaja from the latter.

When a salt is taken by the organism it is dissociated by organic electrical force into its components as "Ions". Both Makaradhwaja and HgS are dissociated into their components, Mercury and Sulphur Ions, yet the potency of one is much greater than that of the other salt because of the presence of gold, while Hg and S combine as Makaradhwaja.

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The potency of a drug can be increased by various ways, chemical, mechanical, etc. The potency of a Homœopathic drug is increased by mechanical manipulation, a dilution or a trituration. The potency of Ayurvedic drugs are increased by both chemical and mechanical manipulations, the so-called round-about way of preparing Ayurvedic combinations, for which the moderners jeer at the ancients as due to imperfect knowledge of the chemistry of those days. But while the methods of medical chemistry were crude, the therapeutic results were excellent.

Lay people are apt to consider Makaradhwaja as the "panacea for all evils that flesh is heir to". It is an erroneous idea, for, every drug, however potent it is, has its uses and limitations and is abused when contra-indicated. Makaradhwaja is no exception to this rule.

Makaradhwaja is a Pitta-excitant or a stimulant. Any condition of Pitta-depression is relieved by its use; *e.g.*, as a tonic in convalescence, asthenic conditions, terminal conditions, etc.

It checks intestinal fermentation and prevents auto-intoxication which depresses the Nervous system including slowing of the pulse. As a very large majority of diseases are caused by auto-intoxication from the great cess-pool of the body, the indications for Makaradhwaja are also very large—a host of diseases are relieved by it.

It is specific in Vayu-Kapha diseases and in Exudative diathesis, marked by increased secretions and excretions.

We know that the equilibrium of the body is maintained by Vayu or the Nervous system. When Pitta is excited, Vayu tries to check it and induce equilibrium between Pitta and Kapha. If it fails, Vayu is irritated also. In Pitta or Vayu-Pitta excitation Makaradhwaja is contra-indicated.

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On the other hand, when Kapha is excited, Vayu tries to restore the equilibrium between Kapha end Pitta. Failing it, the Vayu is itself depressed. In Kapha or Vayu-Kapha disfunction Makaradhwaja is admirably suited.

In acute infections usually associated with high fever it is contra-indicated. In chronic conditions when the vitality is impaired and the vital tone of the organs is depressed, it rouses the organs to activity.

In acute inflammatory and conjestive condition marked by Pitta-excitation it is contra-indicated. In the stage of exudation, it is very useful.

We must remember one more property of Makaradhwaja : it is a drug of great latent potency in the homœopathic sense as already noted. In fact, most of the Ayurvedic pharmacopœia are potentized drugs in the homœopathic sense. The dose in which they are used is quite insignificant, In other words, it is the quality which is more important just like homœopathic drugs or vitamines and horomones of the allopaths. The best example is Suchikāvaran Rasa.

Makaradhwaja is used in a variety of conditions with the different *anupans* or adjuncts. The latter are specific drugs or drug-combinations ; their mechanical union with Makaradhwaja increases their efficacy to a very great extent, in other words potentize them.

Finally, the use of Makaradhwaj with the various *anupans* illustrates how the homœopathic and allopathic principles are judiciously combined by the Ayurvedists in the treatment of diseases.

The highly potententized small dose of the drug Makaradhwaja acts on the finer structures, while the crude and less potentized bigger dose of the *anupan* acts on the crude structures, restoring the equilibrium of the body.

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In the organism of man we find a judicious blending of the gross and the fine ; we cannot conceive of the upsetting of equilibrium at one sphere only without the other. Both are involved to a different extent. The symptoms presented in one sphere are often more marked and divert our attention from the other.

Homœopathy has specialized in treating cases particularly involving the finer structures more successfully, while Allopathy is more successful in the grosser sphere. It is Ayurveda which has shown how the two principles may be combined so that the equilibrium of the body will be re-established directly and quickly.

This is one of the secrets of the marked success of Ayurvedic practice in these days of keen competition. As Mahamahopadhyaya Gananath has stated, the "value of Ayurvedic drugs lie in their combinations," the peculiar combinations stated above being illustration of one form of combination.

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STUDIES IN TUBERCULOSIS.

BY

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Nomenclature :—

अनेक रोगानुगतो बहुरोगपुरोगमः।
राजयक्ष्मोक्षयः शोषो रोगराडिति च स्मृतः॥
नक्षत्राणां द्विजानां च राज्ञोऽभूदयं पुरा।
यक्ष्म राजा च यक्ष्मा च राजयक्ष्मा ततो मतः॥
देदोषधक्षयकृतेः क्षमस्तत्सम्भवाच्च सः।
रसादि शोषणाच्छोषो रोगराट् तेषु राजनात्॥
मैथुनस्य तु चाधिक्यात् रोगोऽयं खलु जायते।
प्राचीनोऽयं महारोगो वेदे जायान्य उच्यते॥

Accompanied by diseases and the forerunner of multiplicity of them it is said to be Raj-Yaksma, Kshaya, Shosha and Rogarat. Since the Moon-god, the king of the planets and the Brahmans was the first to fall a victim to its attack, it is called Raja-Yakshma. As it is engendered by the sheer waste of the body and the medicinal applications it is called Kshaya. It is called Shosha as it dries up the vital principles of the body as Rasa—Serum, etc. As it is the lord of all diseases, it is designated by the name of Rogarat. The Veda has named this old and fatal disease Jayanya as it is the product of excessive enjoyment of sexual intercourse.

Etiology :—

अबलावलमारम्भात् वेगसंधारणक्षयात्।
क्षीयते वैष्ववीशक्तिः पुनश्च विषमाशनात्॥
अतिनाशात्परं कीटाः वातश्लेष्म प्रकोपतः॥
जायन्ते क्षयरोगस्य सूक्ष्मदृश्यवलोकिताः॥

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Over-fatiguing physical exercise ; repression of any physical urging or propulsion ; any wasting disease in the system and the irregular diet go to bring about the loss of immunity. With the loss of that immunity through the disintegration of Vata and Kapha the tubercle bacilli are born, which are invisible to the naked eye.

The germ theory and contagion :—

कुष्ठी ज्वरश्च शोषश्च नेत्राभिष्यन्द एव च ।
औपसर्गिक रोगाश्च संक्रामन्ति नरान्नरम् ॥
प्रमाणैनोपरोक्षैन स्पष्टतो ज्ञायते खलु ।
अग्रवेशादिकैरेव जीवतत्त्वम् प्रकाशितम् ॥
सर्वे संक्रामका रोगाः संक्रमणेन केवलम् ।
नहि सुर्वेषवो शक्तिर्न ब्रुवेद्वासतां यदि ॥
क्षयात्संजायते कीटो कीटाद्वा जायते क्षयः ।
सिद्धान्तोद्वाविमौ प्रोक्तौ कीटतत्व विशारदैः ॥
अङ्गीकुर्व्वन्ति पूर्व्ववै मतं प्राचीनपण्डिताः ।
अन्ये च सुधियश्चापि याश्चात्यमतवादिनः ॥
संगृह्य पश्चिमीयानां तत्वस्य प्रतिपत्तये ।
लिखयेतऽधो मया यत्नात् प्रमाणं सोपपत्तिकम् ॥

Leprosy, Fever, Tuberculosis, Ophthalmia and other contagious diseases are transmitted from one person to another. The above quotation goes to elucidate and prove that bacteriology was a science revealed by Agnivesha etc. If there is no loss of immunity disease does not crop up simply with the help of contagion. There are two theories propounded by bacteriologists in general. First, bacilli are the product of disease and secondly bacilli are the main cause of disease. The learned of the East as well as some Western authorities uphold the former theory. Here is given an exposition of the extracts quoted from the writings of some Europeans simply to find out the elements of truth involved in the germ theory.

"Germs are one of the existing causes of disease. Modern western medicine classifies disease as infective, traumatic, toxic, metabolic, psychic, etc. Ayurveda covers all this (for they take into account soil). "Do not mistake the part for the whole."

(Cap. Murti).

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"We have lingered long enough on the milestone of bacteriology. We are now tempted to stop at bio-chemistry. Further on the way Sociology meets us and Psychology beckons us."

(Dr. Matthew on Pulmonary Tuberculosis)

"The ancient were aware that flies and other insects are carriers of germs of disease * * * * That the causes which produce germs inside and outside the body are the same * * that germs are born of filth, the latter being the product of decomposition of cell matter, vegetables and animals and are therefore of secondary importance".—(Pandit K. G. N. Shashtri of Mylapore Ayurvedic School, Madras).

"When Koch discovered the bacillus the medical profession concluded that these germs were the sole and original cause of tuberculosis. But this idea has been found to be practically a complete failure". (David Barke M. D.)

"These so-called deadly germs that the political doctors prate so much about are our friends, they are nature's scavengers ; it is a natural method of eliminating the decayed putrid matter from the system. These germs are the products of disease and not the cause. They produce metamorphosis of tissue, a form of dead matter, which can be eliminated. Of all the wild absurd theories that have ever been imposed upon an intelligent public, the germ theory is most infamous and false." (Dr. J. T. Robinson M. D.)

"The world appears to have gone microbe-mad. And yet up to the present time, inspite of the vast amount of research that has been going on, it has never been satisfactorily demonstrated that the germ is the cause of the disease. It is true that there are certain diseases in which a specific germ is invariably present but in view of the fact that the said germs are present in countless millions of people who never develop a disease."

(Dr. Charles.)

Other causes of tuberculosis :—

मैथुन चोपदंशेन उरक्षतेन वा पुनः ।
वार्द्धक्येनोपवासेन चिन्ताधिव्याहरः क्षतात् ।
यक्ष्माभवितुमर्हन्ति इति केचिदूचिरे ॥

Urinary diseases, Syphilis, Pleurisy, old age, fasting, grief, ulcers and ulcerations of the Urah (lungs) are included by certain authorities within the exciting factors of tuberculosis.

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General Symptoms :—

असंपार्श्वाभितापश्च सतापं करपादयोः।
ज्वरः सर्व्वाङ्गिकश्चैव लक्षणं राजयक्ष्मणः॥
शिरोरुहाणां पतनं निशास्वेदश्च जायते।
रक्तनिष्ठीवनं श्वासो बलमांसक्षयादयः॥

Contraction of the sides and stoop at the shoulders, burning sensation in hands and feet, hectic fever, the falling off of hair from the crown, night sweat, haemoptysis, dyspnœa and progressive emaciation are the general symptoms of tuberculosis.

Specific Symptoms :—

स्वरभेदोऽनिलात्शूलं संकोचश्चांसपार्श्वयोः।
ज्वरोदाहोऽतिसारश्च पित्तात् रक्तस्य चागमः॥
शिरसः परिपूर्णत्वमभक्तच्छन्द एवच।
कासः कण्ठस्य चोद्वेसो विज्ञेयः कफकोपतः॥

The symptoms which mark the deranged bodily Vayu in the disease are hoarseness of voice, aching pain (in the chest), contractions of the chest and stoop of the shoulders, while those which are exhibited through the action of the deranged Pitta are fever, burning sensation, diarrhoea and blood-spitting, and the features which indicate the action of the deranged Kapha are a sense of fulness in the head, aversion to food, cough and a sense of the presence of a lump or plug in the throat (as if something rising up).

Complications :—

एकादशाभिरेवं वा षड्भिर्वापि सञ्चितम्।
कासातिसारपार्श्वार्त्ति स्वरभेदाऽरुचिज्वरैः॥
त्रिभिर्व्वापीड़ितं लिङ्गै र्ज्ञ्वरकासाहृगामयैः।
अश्याक्ष्णोर्वादितं जन्तुमिच्छन्ति विपुलं यशः॥
महाग्निं क्षीयमाणमतीसारनिपीड़ितम्।
शूनमुष्कोदरञ्चैव यक्ष्मिणं परिवर्ज्जयेत्॥
शुक्लाक्षमन्नद्वेष्टारमूर्द्ध्वश्वासनिपीड़ितम्।
कृच्छ्रेण बहुमेऽन्नं यच्चा हन्तीह मानवम्॥
बलञ्चहीयते यस्य प्रतिश्यायश्च वर्द्धते।
तस्य नारी प्रसक्तस्य शीघ्रोऽन्यायोपकल्पते॥

A physician having an eye to his professional reputation should not take in hand the treatment of a case of tuberculosis,

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whether marked by all the preceding eleven kinds of symptoms or attended with six of them *viz.*, cough, diarrhœa, pain at the sides, loss of voice, aversion to food and fever, or accompanied by only three symptoms, *viz.*, fever, cough and blood spitting. A gradual wasting of the body, inspite of sufficient food, presence of diarrhœa, and swelling of the abdomen and scrotum are the symptoms of a tuberculous patient who should be given up. If the eyes have become white, there is a disgust with food, presence of dyspnœa of Vayu variety (cardiac asthma of modern West comes under this category) and of Mutrakrichhra (cystis) the disease will lead the patient to death. If a tuberculous patient gradually loses his strength and his expectorations increase, and yet he is fond of sexual intercourse, the disease will lead him to death.

Dr. Chandra Chakravurty has depicted very nicely the idea contained in the last two lines of the above mentioned slokas.

"It is well known that the tubercular patients become very sexually inclined ; it is very probable that the rich phosphorous contents of the bacillus tuberculosis become liberated in the disintegration process as a reaction of the organism, and this circulating with the blood acts as an aphrodisiac, and consequently sexual erethism is one of the most distinguished characteristics of this disease."

Treatment :—

मलायत्तं बलं पुंसां शुक्रायत्तंतु जीवनम्।
तस्मादयत्नसंरक्षेत् यक्ष्मिणो मलरेतसी॥
उपद्रवाज्वराद्यास्ते साध्याः स्वैः स्वैः चिकित्सितैः।
तेषु शान्तेषुरोगेषु पश्चाच्छोष मुपाचरेत्॥
बलिनो बहुदोषस्य पञ्चकर्माणि कारयेत्।
यक्ष्मिणः क्षीणदोषस्य क्षीरं तत्प्राहिणोपमम्॥
जारितं हेमचूर्णन्तु क्षीरकं गिरिजं तथा।
प्रवालं मौक्तिकञ्चैव दापयेन्मकरध्वजम्॥
रसं वसन्ततीलकं महाराजवटी तथा।
वटीं सूर्य्यप्रभां नाम्नां वसन्तकुसुमाकरम्॥
वासारिष्टमखदिराऽरिष्टं भृंगमदासवम्।
मृतसञ्जीवनीं चैव कर्पूरासवं तथा॥
द्राक्षासावलेहञ्च च्यवनप्राशकं तथा।
क्षीरबलाद्यं घृतं चैवाऽमृतप्राशघृतं तथा॥

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सितोपलादिचूर्णन्तु, एलादिगुटिकां तथा।
वीक्ष्य कालञ्च पात्रञ्च दापयेत् युक्तिपूर्व्वकम्॥

The strength of a man chiefly depends on fæces while the vitality on semen. One should, therefore, must be particular to preserve both the fæces and semen. Fever and other complications which seem to be prominent ought to be first treated as directed under their particular headings and then treatment of tuberculosis ought to be taken up. A tuberculous patient having sufficient strength should be made first to go under the process of Panchakarma (purgatives, emetics and several simple injections). If he is weak the process will prove to him quite fatal. Reduced gold, (Gold is said by the ancient physicians to exert a remarkable influence in tuberculosis, not merely in the acute stage but also in cases of marked severity. The Physicians of the West also reckon it to be a most efficacious curative of tuberculosis. They have discovered several auric preparations that go a great way to cure the disease and are busily engaged in discovering some specific medicine for the cure of tuberculosis—diamond, mica, coral, pearl, Makaradhwaja, Basantatilak Rasa, Maharajbati, Suryaprovabati, Basantakusumakara Rasa, Basarista, Asrohararista, Mrigmadasava, Karpurasaba, Brihat Basabaleha, Chyabanaprash, Chhagaladya Ghrita, Amritaprasha Ghrita, Sitopaladi Churna and Eladi Gurika play important parts in exterpating the disease, if administered with proper consideration of circumstances under which the patient is labouring.

शित्प्रकादिधूपः—

The drugs to be burnt :—

शिल्हकं चन्दञ्चैव प्रत्येकं पञ्चतोलकम्।
वृषपत्रं गुडूचीञ्च निम्बपत्रघृतं तथा॥
दशतोलकमितं देयं प्रत्येकञ्च पृथक् पृथक्।
शिल्हकार्द्धन्तु कर्पूरं ज्वालनमस्यच्चानुत्॥

By burning the undermentioned articles and basking in the smoke the patient is cured.

Storax	5 Tolas
Sandal wood	5 „
Leaves of Vasaka	10 „
„ „ Nimba	10 „
Clarified butter	10 „
Camphor	2½

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अजाशकृन्मूत्र पयोघृता सृङ्
मासांलयानि प्रतिसेवमानः।
स्नानादि नानाविधिना जहाति
मासादशेषं नियमेन शोषम् ॥

The patient should be made to use regularly the milk, butter, urine, blood, meat and the dung of a goat as his bath or in any other way possible and to live in a goat-shed whereby he would be cured of his tuberculosis in a month.

Climate :—

रत्नाकरतटं गत्वा किम्वा धर्म्मपुरादिकम्।
निवसन्मुच्यते रोगात् इति केचिदब्रुवते ॥

The sea-coasts and Dharampur etc., the climate of which is well suited even to the most complicated tuberculous patients. (The climate of those places are charged with ozone and iodine etc.)

यया प्रयुक्तया चेष्टया राजयक्ष्मापुराजितः।
तां वेदविहितामिष्टिमारोग्यार्थी प्रयोजयेत् ॥

A tuberculous patient is cured by reciting and observing the holy texts of the Veda which radically cured the Moon-god.

Rules of Conduct :—

शोकं स्त्रियं क्रोधमसूयनञ्च
त्यजेदुदारान्विषयान्भजेत।
वैद्यान्द्विजातींस्त्रिदशान्गुरूञ्च
वाचस्य पुराणाः शृणुयाद्द्विजेभ्यः ॥

He should not allow any grief, anger or jealousy to disturb the equilibrium of his mind, should lead a life of strict continence, deal in the discussion of sublime subjects and conform to the injunctions of his medical advisers. He should pay respect to gods, superiors and listen to the spiritual truths from the lips of the twice-born.

(To be continued.)

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IS AYURVEDA A QUACKERY ?

A PAPER READ BY

DR. JAMSHEDJI JIVANJI MODI, L.M. & S. (Bom.), L.D.S. (Eng).

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MR. PRESIDENT, LADIES AND GENTLEMEN,

Ayurveda, *i.e.*, the Old Indian Medical System, is a fascinating and pleasing study. Two reasons have prompted me to get myself acquainted with the subject.

(1) The first is, that oft-repeated charge by some people that Indian Medicine is a quackery.

(2) My curiosity as a dental surgeon to find out if Dentistry in any form ever existed in India.

As Dentistry forms a part of medical system, I had naturally to look into the Indian Medical books ; and to my agreeable surprise I found that, not only was the Indian Medicine not a quackery, but that it flourished at one time in as good a condition as the present-day Western Medicine ; and that Dentistry which is known to the Western countries only for the last 75—100 years, was well understood and practised by the old Hindu doctors of thousands of years ago.

I don't presume to have found out anything original and worth telling to an audience of scientific men, but I do think I know enough to tell a lay audience like to-day's that Indian Medicine is by no means a quackery as is alleged by some men.

ANTIQUITY OF INDIAN MEDICINE.

Indian Medicine is a very very old science, so old that it is mentioned in the poetry of Vedic age, *i.e.*, several thousand years ago. Like many Western nations, Hiudus also consider the science of medicine to be of Divine origin, and so one has to look into their religious scriptures for the medical literature. This literature we find in their religious books called Vedas, and the part that deals with medicine is called Ayurveda, *i.e.*, science of life. The science of medicine is supposed to be so sacred that once upon a time it was practised by gods only. By gods, I presume, they mean some good and great men, who rendered some meritorious services to their fellowmen. It was a custom among

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the ancient people of all nationalities to deify such good men. Then in the beginning of Kaliyuga or Kaljug (18th February 3102 B.C.), the fourth and the last cycle of time, when according to the Hindus, men became very prone to diseases, gods took pity on them, and taught this science of medicine to a few men. Amongst these few men were the two famous doctors Charaka and Susruta whose books are now supposed to be the standard medical works for the Old Indian Medicine.

History of Ayurveda.

Ayurveda, *i.e.*, the Old Idian Medicine, is the oldest medical science of the world, and history has distinctly shown that the Western Medicine is the offspring of Ayurveda. The references to this effect are amply found in the works of Weber and Buck who are none too partial towards India's claim to precedence in the matter of medicine. Criticising Stenzler's suggestion of the likelihood of Sushruta having borrowed from Greek Medicine, for there is a considerable similarity in both, even Weber in his book *History of Indian Literature* has to say that "no internal grounds whatever appear to exist ; on the contrary, there is much that seems to tell against the idea of any such Greek influence. Amongst the individuals enumerated as contemporaries of Sushruta there is not one whose name has foreign sound. Besides, Sushruta and other writers expressly assign the cultivation of medicine to Kasi (Benares) and other eastern provinces which never came in contact with the Greeks." Buck, in his book *The Growth of Medicine from the earliest time to* 1800 at one time seems to belittle the influence of the Old Indian Medicine on the Old Greek Medicine, the progenitor of the present Western Medicine. But probing the history further he has to modify this opinion and say "that it is reasonable to suppose, although directly confirmatory evidence has not yet been discovered, that through the channels of trade between the two countries, some knowledge of the doings of the physicians of India must have reached the ears of their Greek brethren. On the other hand at a later period of history (after the invasion of Alexander the Great) the relations between the two countries became quite close and were kept up without a break for several hundred years. During the earlier part of this period, as appears from the writings of Hippocrates, Dioscorides and Galen, various drugs and methods of treatment employed by the physicians of India were adopted by the practitioners of Greece." This seems a half-hearted admission of the

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influence of Indian Medicine on the Greek Medical System. In making such halting admission he only considers the direct contact between Greece and India ; but he seems to forget India's influence on Greek Medicine exerted through Egypt, Persia, and Arabia. Egypt (the old Misra or Misai) was the first country to be profited by Eastern learning including medicine, for it seems it was once colonised by ancient Aryans. Sir William Jones in the report of the Royal Asiatic Society is also led to believe it. Major Wilfred considers the "Misrasthana" of Puranas to be no other than "Misra" the old name of Egypt. Perhaps it may be argued that during that close contact of the two countries Egypt may have given its medical system to India. But then there is nothing in its system that is not found in the Indian system, while there is much in the Indian system that is nowhere to be found in the Egyptian system of Medicine. Besides this, India influenced the Greek Medicine through Arabia. Famous Arabian physicians, Serapion, Avicenna and Rhazes, whose works are translated into European languages, have been known to quote freely Charaka, Sushruta, and Indian writers with great respect. That Indian Medicine was a very efficient science and that India had some very skilful doctors is evident from the fact, that amongst the presents offered to Alexander the Great by the defeated Hindu king was a physician of such skill "that he could even revive the dead." Arrian, the Greek historian, writing about the invasion of Alexander on India (400 B.C.), says "the Grecian physicians found no remedy against the bites of snakes ; but the Indians cured those who happened to fal under that misfortune." Alexander issued the order that those afflicted by it should come to the camp to be treated by the Indian Physicians of his court. Nearchus also supports the above statement (Wise P. VII.). Alexander not only took with him the medical science, but actually took some Indian physicians with him. Then later on at the Muhammadan invasions in the 10th century, the invaders took this system of medicine with them to their countries. Thus not only did the system go there, but it was later on followed by the Hindu doctors who were invited to translate and teach their system and also serve in the courts of these Muhammadan rulers as physicians. It seems that Indian Medical system was known to the Arabians before this period, for Prof. Wilson says 'that the Arabians of the 8th century cultivated the Hindu works on Medicine before those of the Greeks, and the Charaka, the Sushruta and the treatises called

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Nidana were translated and studied by the Arabians in the days of Harun and Mansur (A.D. 773) either from the originals or more probably from the translations made at a still earlier period into the language of Persia." The Arabic version of Sushruta is called Kelale Shawshūre al-Hindi. From Arabic they were translated into Latin. From Arabia this system went to Egypt and the Egyptians in their turn taught it to the family of Hyppocrates and Pythagoras who are reputed to have originated the system of Western Medicine. Referring to this Dr. Wise says "all these medical systems have a common source ; being originally derived from the family of Hyppocrates. Those distinguished benefactors of mankind first explained the nature and treatment of disease, and reduced to theory the various phenomena of human body. The Grecian philosophers were assisted by Egyptian sages who appear to have obtained much of their knowledge from some mysterious nation from the east. Egypt, after having had her institutions destroyed by the sword of the conqueror, became the seat of the Greecian learning ; which was afterwards transferred to the East, where under the fostering care of the Calyph of Bagdad medicine was cultivated with diligence and success. It received still further additions from the east, and thus improved, it was conveyed by Muhammedan conquerors into Spain. From thence it was communicated to the other parts of Europe ; where it has exercised the genius of many great men, with so much advantage to suffering humanity." That Western Medicine as originated by Greece was based on the old Indian Medicine is evident from the facts : (1) that therein appear the names of drugs which are essentially Indian drugs ; (2) that there are certain descriptions in the Western medicine that bear great resemblance to the writings in the Old Indian Medical books that are older than any of the earliest Greek Medical books.

From the Arabian writers like Serapion (Ibn Serabi), Rhazes (Al-Razi) and Avicenna (who is better known as Aflatūn in India), it is absolutely clear that Arabia borrowed its medical system from the Hindu doctors. The royal courts of the old Muhammedan countries were also reputed to be medical schools. Not only did the Hindu doctors serve in the Persian and Arabian courts as physicians but also taught their system of medicine and helped in translating their works into the Arabic language. That Western medicine and especially its surgery (or at least some part of it) originated in India is clear by the inclusion of

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the operation of Lithotomy, which could only have come from India, for Persia and Arabia not only did not practise this operation, but considered it disreputable even to witness it.

So far we saw the origin, antiquity, and history of the Ayurveda or the Old Indian Medicine. Now let us examine the charge of quackery which is in season and out of season levelled against this system To do this we have to see what constituted the old Indian Dentistry and Medicine.

Ayurvedic or Old Indian Dentistry.

You will be agreeably surprised to know that dentistry in all its branches was well known to and practised by the old Hindu doctors. Searching into Ayurveda one finds that there is a whole chapter devoted to the mouth-cavity, wherein are described all the operations such as : (1) extractions by forceps, (2) extractions by elevators, (3) lancing of the gums, (4) removal of the Tartar, (5) fitting of the artificial dentures : that are known to the present-day Western dentistry. That dentistry must have existed then is certain, for even to-day we come across cases in which front teeth are decorated with gold or jewel studs by Indian jewellers. As a dental surgeon I appreciate the difficulty of drilling a through and through hole which is required for such decorations, without killing the nerve in these teeth ; and yet thousands of teeth are with impunity perforated for this decoration. The work is so well done that any modern dentist can be proud of it. In Ayurveda one also finds a whole chapter on mouth-hygiene. Therein instructions are given for use of a tooth-brush (which in those days, as now among Hindus, mainly consisted of Baphal and Lim or Nim twigs) and tooth-powders and tooth-pastes. The drugs recommended for those powders were tobacco, salt, burnt betlenuts. In the chapter on Dietetics, some very useful instructions are given as to the order of dishes that would be conducive to the health of the mouth-cavity and the general body. These instructions are—"take soft viands first, hard and buteraccons food in the middle and liquids at the end of the meals. Similarly the sweets must be taken first, then the acid things and the bitter and pungent things the last of all." Why even to-day there is a custom in some parts of India, for example Broach, where the people start their meal with sweets. I am told that Bohras also do the same. In that chapter there is also enjoined that there should be no hurry over the meals, and the food must be well chewed and that the mouth must be cleaned

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from inside and out after each meal ; and the food-particles must be picked out from between the teeth by tooth-picks. These instructions compare very favourably with those given by present-day mouth-hygiene. I ask, could a medical system that had for its dental branch such dentistry possessing all the operations known to the present-day dentistry be called quackery ? That far from being a quackery the Indian Medicine was a perfect science will be clear to you when I shall gradually take you through all the branches of medicine that were known to the system of Ayurveda. This Ayurveda consisted of almost all the branches known to the present day Western medical system. As the Western medicine, Ayurveda had its Medicine, Surgery, Midwifery, Hygiene, Bacteriology, Chemistry, Materia Medica, Physiology, Anatomy and so on. It is impossible to give, within a short space of a public lecture, all the proofs of the existence of all these branches in the old Indian system of medicine. But to convince you that the Indian Medical System was a perfect science, I have to give some proofs in connection with some of them. We shall examine them in the order given above.

MEDICINE.

Medicine *i.e.*, the branch that deals with diseases curable by medical treatment. This is one of the two (other being Surgery) branches that made the Indian Medical System famous. We will examine some of its features. The Indian Medical System has based all the diseases of the body on the three humours of the body *viz.*, Wind (Vata), Bile (Pitta), and Phlegm (Kapha). That Pythagoras (430 B. C.), Plato, and Hyppocrates (460 B. C.) also believed in humoural theory of diseases is clear from their writings. This theory they must have borrowed from the Indian Medical System for these humours of the body are mentioned in the Rig Veda (i. 34. 6) which was written long before Pythagoras and Hyppocrates flourished. Enfield in his *History of Philosophy* says that Pythagoras learnt his Philosophy from Oriental philosophers, meaning the Hindus. If he borrowed his philosophy from India, and since his medical theories bear such resemblance to the theories of Old Indian Medicine, it is easily conceivable that he must have learnt his Medicine from India also. This humoural pathology has existed for ages, and it is round this pathology that this wonderful system of medicine (Ayurveda) is evolved. There are some exponents of Western Medicine who deride this pathology

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as ridiculous and not worthy of their notice. They do so because they do not appreciate the real meaning of the words Vata, Pitta and Kapha which they literally translate as wind, bile, and phlegm, while they really mean much more than these English words seem to signify. Vata or Vayu means the nerve force; Pitta or pittam means the process of metabolism; and Kapha means the unutilised product of the system, *i.e.*, the process of excretions. When they will realise the real meaning of these words they will appreciate this humoural pathology round which this system is evolved. Diagnosis of the diseases and the prognosis of the cases from the pulse was and still is the special feature of the Indian medical system The knowledge of the old Hindu doctors of the variation of the pulse in various diseases was so perfect that they could easily diagnose the disease by it. I am aware of some medical men who ridicule the idea of diagnosing the diseases by pulse. Against these I know a layman who deplores the passing away of these experts, and their art of pulse-reading. Sir John Woodroffe, the late Chief Justice of Bengal, in his book called Bharat Shakti, writing about Ayurveda says: "One of the things I most regret is the neglect of the Ayurvedic teaching, the loss of valuable remedies, and of the great experience and knowledge of the pulse of the best old time Kaviraj." So efficient was the old system of medicine that even treatment like Mesmerism, Hydropathy, and Massage which are only recently introduced in Western Medicine, were well understood and practised by the old Hindu doctors of thousands of years ago. Why the annual Jatras of Hoonai near Billimora, and Vajrabai near Kalyan (the places noted for their hot water springs) are the proofs of the existence of the treatment of Hydropathy in ancient India. That Indian Medicine did appreciate the good effects of Massage on the body is clear from the fact that Massage, in its crude form, is practised by the Hindus even unto this day. A Hindu wife massaging the tired limbs of her husband in the evenings is a familiar sight in a Hindu household. And that is the vestige of the past treatment of Massage of the old Hindu doctors. Why even the most recent additions to the Western Medical Science, *i.e.*, the question of Immunity and Postural treatment, were not unknown to them. The familiar sight in small villages of the snake charmers curing the cases of snake-poisoning by sucking the wounds and the existence of inoculation (perhaps in a crude form) for small pox, are the proofs positive of their knowledge of Immunity which

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in Ayurveda is called "Vaishnavi-Shakti," *i.e*, disease-resisting power of the body. One Dr Huillet of Pondicherry says "Vaccination was known to a physician Dhanvantari who flourished before Hyppocrates." Having examined their Medicine let us now look into their Surgery.

SURGERY.

The old Indian Surgery containted practically all the operations that are known to the present day Western Surgery. Old Hindu Surgeons performed even such tricky operations like Rhinoplasty, Lithotomy, Abdominal Surgery, Ceserian Section, removal of the cataract in capsule and even brain surgery (which is supposed to be the greatest achievement of the Western medicine). That Western medicine owes its surgery to India is clear from the facts that countries from which Western medicine has taken its inspiration were never good at surgery ; and that some present day operations like Rhinoplasty and Lithotomy, are essentially Indian operations originated and practised in India centuries before Western Medicine even existed in name. Weber in his *History of Indian Literature* says "In surgery Indians seem to have attained a special proficiency and in this department European Surgeons might perhaps even at the present day still learn something from them, as indeed they have already borrowed from them the operation of Rhinoplasty." Standard surgical works make no secret of their having borrowed them from Indian medicine. One author (I believe it was Sir Frederic Treeves) actually offered his thanks to one Prof. Shah of Kathiawar for demonstrating the operation of Rhinoplasty to Western Medicine. Writing about this operation Dr. Hirschberg of Berlin says : "The whole plastic surgery in Europe had taken its new flight when these cunning devices of Indian workmen became known to us." The transplanting of sensible skin flaps is also an entirely Indian method. He also gives credit to the Indians for discovering the art of "cataract-couching" which was entirely unknown to Greeks, Egyptians, or any other nation. That surgery existed then is evident from the varieties of surgical instruments that are known to have existed and their classifications mentioned in the old surgical works, of which the Sushruta Samhita is the best example. That old Indian Surgery appreciated the value of and actually practised Asepsis and Antisepsis is clear from the instructions about burning some incense in the operation room before and during the operation, boiling the instruments and dressings used in

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operations, and cleaning the parts to be operated just before the operation. It also appreciated the value of anæsthesia during operations, for they were done under both general and local anæsthesia. They used a drug called "sammohini" in place of chloroform. After the operation they used a drug called "sanjivani" to bring the patient back to consciousness. The like of this drug does not exist in the Western Medicine.

Midwifery.

India that abounds with Dais, the present currupted remains of the once perfect sect of midwives, could not be destitute of the science of Midwifery. Old Indian midwifery knew all that present day Western midwifery does. Even operative interference was freely resorted to in cases of difficult and complicated labour. Indian midwifery contains some useful instructions to be observed by women during pregnancy and confinement. There are also some fine observations on infant-feeding. The present day Western midwifery has no better instructions to give than those given by the old indian midwifery. The Postural treatment, which is only recently introduced in gynæcology and surgery, was long known to and practised by the old Hindu doctors. Postural treatment, as a means of easy impregnation, as a means of facilitating easy labour, and as a factor in curing some internal disorders, was the speciality of one Hindu doctor called Koka. His famous book *De rebus veneris* or Koksastra as it is commonly called in Gujarati, though held in doubtful repute, because of the extreme delicacy of the subject treated in it, is translated into several languages. India can easily claim the credit of having first propounded this theory.

Bacteriology.

It is often argued that the fact of germs causing the diseases, and the science (Bacteriology) and the instrument (microscope) dealing with these germs could not have been known to the old Indian medicine. That system must have had its microscope or some magnifying device, for without such device they could not have talked of germs (meaning blood-corpuscles) floating in the blood; and malaria and other fevers being caused by germs conveyed by flea-bites. Ayurveda, talking as it does of diseases by cantagion, sexual intercourse, evacuation of towns during epidemics, isolation of the people of the house where there is a death from some infectious disease, cleaning and sterilising the instruments used for an opertion, could not have been destitute of

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Bacteriology. That Ayurveda had its bacteriology is certain from the fact that Inoculation for small-pox was known to it hundreds of years before Jenner taught it to Western medicine.

Materia Medica.

It is but natural that India, a fertile country having all the periodical seasons of the years, should abound in vegetable drugs. It is not possible that the country with such wealth of vegetable drugs should not make use of them for the welfare of humanity. Thanks to the ancient Aryans who took the trouble to study and examine all these herbs, the old Indian Medicine possessed such Materia Medica that is the marvel to the modern investigator. And yet we often hear of some medical men versed in Western Medicine, making researches in these drugs, and declaring that the results are no better than with the allopathic drugs. The reason perhaps is that they forget that these drugs to be effective should be collected in particular seasons, and in particular periods of their growth, and not indiscriminately as perhaps it is done now; and that when used in different ways they have different effects. Some wonderful properties of some rare drugs were taught to Indian medicine by the old ascetics, who used these drugs only to keep their bodies and soul together. Though some of this knowledge became public property, and got incorporated in the old Indian medicine, most of this knowledge was handed down from teacher to pupil, or from father to son, and forms the bulk of the unwritten and traditional lore on the nature and properties of the Indian curative agents. Not only was Indian Materia Medica acquainted with the vegetable drugs only, but its knowledge of animal and mineral drugs was also very considerable. Writing about Materia Medica Weber says: "Information regarding the medicinal properties of minerals (especially precious stones and metals), of plants, and animal substances, and the chemical analysis and decomposition of these, covers certainly much that is valuable. Indeed the branch of Materia Medica generally appears to be handled with great predilection and thus makes up to us in some measure at least for the absence of investigations in the field of natural science." That Indian medicine made considerable use of minerals, is clear from the fact of pearl, gold, silver, mercury, diamonds, etc., being prescribed by the Ayurvedists and Yunani Hakims of even present day. These drugs, before they could be given internally, had to pass through some chemical processes which are now unknown and which loss

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is deplored by Sir John Woodroffe in one of his books. The use of gold, in certain forms, only recently made by the Western medicine, was well known to the old Hindu doctors. That Western Materia Medica has borrowed, and borrowed freely from the Indian Materia Medica, is clear from the mention of some essentially Indian drugs (such as Tila, Jatamansi, Shringavera, and Marchi or Black Pepper) in the medical works of Hippocrates, Dioscorides, and Claudius Galen. Galen, to whom Western Medical Science is considerably indebted describes some medicine as hot or cold. This idea he seems to have borrowed from India where it prevails unto this day. Not merely are these drugs mentioned by them only, but they are actually classified by them in the way done in Ayurveda. Materia Medica was taught to the old Hindu doctors in a much better way than it is done now in the Western Medical Schools. In those old days Medical students were taken by the teachers in the jungles, and were taught on the spot to recognise these drugs in their natural state, their peculiar properties, localities from which they should be gathered, the manner of treating and extracting their active principles and preserving them.

Physiology and Anatomy.

That the old Indian medicine well understood physiology, *i.e.*, the normal working of the body, is clear from some fine descriptions of some physiological processes like the circulation of blood, and the digestion of human food. Dr. William Harvey is credited with the discovery of the circulation of blood in 1628. It seems that he must have had his inspiration from earlier Hindu writers, for they have given similar descriptions of the circulation of blood in books written centuries before Harvey was born. That description is as follows: "That Rasa (Rasa and Rakta is practically the same, as I shall show you a little later) is propelled from the heart by the Vyana Vayu to circulate through the arteries and veins, and that it nourishes the body as water converged through the canals irrigates the fields." Harita, another famous old physician, in his work Harita Samhita, also refers to circulation when dealing with the disease Panduroga, *i.e.*, Anæmia. However, we must give Dr. Harvey the credit of greater precision in the matter. Perhaps some people may argue that the description mentioned in the old Indian physiology is of the circulation of a substance called Rasa and not of blood (Rakta). But there is no difference in these two fluids except in colour and specific

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gravity. According to the old Hindu doctors, Rasa is the most essential fluid that supports the body. It takes up the colour on its passage through the spleen and lever.

As for the anatomy, it may be said that it was understood even better than physiology. It has so precisely mentioned the number of bones, muscles, nerves, arteries, etc., in the body. Its anatomy, far from being based on mere guess work, was based on the sure foundation of the dissection of the body. Dr. Wise (to whom we owe much of our present knowledge of the old Indian medicine) talking on its anatomy says : " The Hindu philosophers undoubtedly deserve the credit of having, though opposed by strong prejudice, entertained sound and philosophical views respecting the uses of the dead to the living ; and were the first and scientific and successful cultivators of the most important and essential of all the departments of medical knowledge—practical anatomy." That the old Hindu doctors attached a great importance to the department of anatomy in general, and dissection in particular is evident from the writings of Charaka and Sushruta. Charaka has said "that a practitioner should know all parts of the body, both external and internal, and their relative positions against each other. Without such a knowledge he cannot be a proper practitioner." Sushruta has said "that a Yogi (a holy man) should dissect in order that he may know the different parts of the human body ; and a surgeon and a physician should not only know the external appearances but the internal structures of the body ; in order to possess an intimate knowledge of the diseases to which it is liable, and to perform surgical operations so as to avoid the vital parts. It is by combining a knowledge of books with practical dissection that the practitioner will alone attain an intimate knowledge of the subject in his profession" (Wise, p. 68). Besides human anatomy they knew also the anatomy of goat, sheep, horse, etc. Writing of strong prejudice Dr. Wise, I presume, refers to the agitation of Gautama Buddha against the dissection of the human body. His agitation knocked the old Indian medicine on the head, by knocking on the head of dissection, for since then (B. C. 543) it is supposed, the Indian Surgery began to decline.

Such, as I have described in detail, was the Ayurveda, *i.e.*, Indian medicine that is called a quackery by some people. If quackery is of this sort, then give me that quackery back. Indian medicine was at its zenith at the time of the Muhammedan invasions in the 10th century when it received its first rude shock.

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Since that date Ayurvead, *i.e.*, the pure Indian medicine got mixed with the Yunani, *i.e.*, the Arabic medicine brought by Muhammedan doctors (Hakims) accompanying the invading army. The reason of its decline is obvious, for nothing can flourish without the support of the State. It was during the time of the Muhammedan rule (1001-1707) it seems that India first came in contact with the European nations. That first contact seems to be signalised by the introduction of that dire disease—syphilis—in India. A Hindu doctor named Bhava Misra, who flourished in about 1550 A. D. for the first time calls that disease Firangi Roga, *i.e.*, the disease of the Firangese, *i.e.*, Portuguese. After the Muhammedan rule the Peshwas came in power (A. D. 1715-1818), and under them the old Indian medicine struggled to revive, and some important medical works were written during this period. After the Peshwas, came the English, and their advent in the 18th century brought about the death of that once famous and perfect medical science, because the English came with the preconceived notion that the Indian medicine was a quackery and the Hindu works on the subject, a repository of sheer nonsense. Not only did this notion prevail amongst the English people, but also amongst some Indians with a mentality that thinks that everything European is good, and everything Indian is bad ; and who, because of such mentality have lost their confidence and national pride in the Indian medicine. It is something to be thankful for that there were and still are a few Englishmen with reasoned and well balanced judgment, and Indians with national pride who hold a different opinion of Indian medicine. As an example of what some Indians think of it I will quote from the report of the Committee appointed by the Madras Government to report on this indigenous medical system. They reported that "the indigenous system of medicine is perfect, logical, and scientific from the stand-point of science and art, and that it is quite self-sufficient and economical ; and that they are of opinion that only through the promotion of the Indian system that the Government can help to achieve the idea of bringing medical relief in the reach of all people." A better refutation of the charge that Indian medicine is a quackery, one could not wish for. But if one must have it, it lies in the existence of an actual college in Delhi for teaching this system ; and in the opinion of Sir John Woodroffe, the late Chief Justice of Bengal, who says, "The Country abounds in valuable herbal and other remedies. Ayurvedic remedies are effective, as I personally know in respect of those which I have

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tried. They do not harm as some allopathic drugs do, for nothing is a medicine in Ayurveda which in any case is harmful. Like all Indian things they are gentle and natural in action ; they are cheap, easily available, to be had almost for the cost of gathering them." But no, all that will not do. "Give me English Medicine," as a sick servant of mine said, for faith in his own had gone. And so the dispensaries distribute, and private persons purchase Western allopathic medicine brought from thousands of miles away at a cost which, compared with the local remedies, is great. One of the things I most regret is the neglect of Ayurvedic teaching, the loss of valuable remedies and the great experience and knowledge of the pulse of the best old time Kaviraj. I hear now of factories of Indian drugs. The Western idea again ! But no factory can equal the hand preparation of Indian remedies extending over great lengths of time. The charitable dispensary with its imported medicine, is but only one out of many instances of that lack of faith in one's own, which is one of the most obvious causes of the inert and dependent condition of this country. A man or people who have no faith in themselves will not and do not deserve to succeed. For he who has no faith must lean on another. A man who says he is not fit to do a thing cannot do it. Meanwhile if people prefer imported medicines, and being opened out with great skill by Western Surgeons and their Indian disciples, that is their affair. It may be that surgical operations are in some cases and in the last resort necessary. But the country can go along without foreign drugs. Perhaps some European with his enterprise and ability will take in hand the indigenous drugs. He will probably then find the usual imitators. Some time back an Indian friend told me that a German traveller had taken away from the Kangra valley a number of rare Rasayana Tantras. Why, asked my friend sarcastically, was he troubling his head over things which had been "exploded by science," for so many science is always "exploding" something or other. His reply was instructive: "We will perhaps recast what is there and send it back to your country." Those who now reject will certainly receive anything Indian, if it is presented with western impremature. Even the Upanishads had need of such a "chit." Though its adherents do not recognise it, this chit-system is symbolic of a widespread evil—the dependence on what others and not we ourselves approve. Such was the indigenous system of medicine, which some persons dare to call a quackery. There are now no two opinions on the glorious civilisation that India enjoyed when

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Europe was in a barbarous state. Talking of it to the Englishmen coming out to India, Sir Monier Williams had said that "India has a polished language, a cultured literature, an abstruse system of philosophy centuries before English existed even in name." It is hard, nay it is absolutely impossible, to believe that india possessing as it did such language, literature, and philosophy, could for its medical system encourage quackery.

My object in choosing this subject for to-day's lecture is to refute the statement that the indigenous system of medicine is a quackery, and to stimulate the interest of the Indian doctors who may happen to be here in that system. From amongst the doctors and the medical students I see here to-day, if I succeed in stirring but one heart to action I shall feel amply repaid for the trouble I have taken. It is often argued by my medical friends and other people that when we have a good system in Western medicine, why try and put life in the putrified bones of the old Indian medicine which is a dead science. To them I shall reply in the words that Sir John Woodroffe used in his reply to his friend's statement that "India is a dead country." I shall take the liberty of substituting the words "Indian medicine" for the word "India" in his reply.

"Only those are dead, who believe themselves to be so. Indian medicine is not dead. It is yet alive, though not fully awake to-day. It is precisely because it is a living force that it provokes antagonism from those who dislike, or fear its culture. Does any one now fume against or ridicule the medical systems of Greece, Egypt, Persia or Arabia? They are left, as things which are dead and gone, to the scientific dissection of the cool historian. But while touching Indian medicine even the scholars could not be impartial. Why? Because Indian medicine is not the mere subject of academic talk, but is a living force. Indian medicine is still feared where she is not loved. Why again? Precisely because she lives, because she is still potentially powerful to impose her ideas upon the world. She is still an antagonist to be reckoned with in the conflict of medical cultures. Why has she with her pathology, so unique and so different from any other of the West, been preserved? Indian medicine lives because of the world purpose which she has to fulfil: because the world will be enriched by what she can give to the other medical system." We Indians are the custodians of this treasure. Proud of our guardianship, let us cast aside false shame of ourselves and our own, as also all fear and sloth. Let us tell our English friends and the other advocates of the Western medicine, that the medical system of our motherland, in spite of all its faults and imperfections, and which system has not, does not deserve to be condemned off-hand. It deserves to be preserved and investigated in the right spirit of seekers after Truth. When that is done it will be seen that the Western medicine has yet more to learn from the old Aryan Medical Science.

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RESTORATION AND DEVELOPMENT OF AYURVEDA

BY

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Author of Surgical Instruments of the Hindus, History of Indian Medicine, etc., etc.

(*Continued from our last issue*).

(*o*) Invest the moneys of the Society not immediately required in promissory notes of the Government of India or any securities which are or may be authorised by any Act of Indian Legislature or by the High Court of Calcutta for the investment of Trust moneys.

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6. Any person of eminent position who may take interest in the Institution and give substantial help to it, may, on the recommendation of the Executive Committee be elected a Patron or Vice-Patron at a meeting of the Society. Such election may be for life or for a definite term.

7. Any person above the age of 18 years may be elected a Member. Such person shall be duly proposed, seconded, and elected at a meeting of the Executive Committee.

8. If the whole amount of the Annual subscription of an Ordinary Member be not paid during the year for which it is payable and within six months thereafter, his rights of membership shall *ipso facto* be suspended. Thereafter, the Executive Committee may, after giving him at least one month's notice in writing, remove his name from the list of Members with effect from the 1st Baisak of the following year, or such later date as the Executive Cmmittee may fix.

Meetings of the Society.

9. Meetings of the Society shall be called General Meetings. An Annual General Meeting shall be held every year not later than the last day of Baisak, at which the following business shall be transacted :—

(*a*) To consider the Report of the Provisional Board and the Executive Committee for the previous year ;

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(*b*) To consider the audited accounts of the previous year and the balance sheet ;

(*c*) To pass the Budget for the new year ;

(*d*) To elect the office bearers for the new year ;

(*e*) To elect members of the new Executive Committee ;

(*f*) To appoint Auditors ;

(*g*) To transact any other business that may be brought forward by the Executive Committee or of which a week's notice in writing has been given by any member.

10. A Special General Meeting may be convened at any time by the Honorary Secretary of his own motion, and shall be convened by him at the instance of the President or of the Executive Committee. If the Honorary Secretary shall fail to call such meeting within 7 days after being requested to do so by the President or by the Executive Committee, the President or the Executive Committee, acting through any member or Members authorized by them in that behalf, may call the meeting.

11. The Honorary Secretary shall call a Special General Meeting on receipt of a requisition signed by not less than 10 Members of the institution. If he shall fail to call such meeting within one week after receipt of such requisition, the requisitionists or any 10 of them may themselves call such meeting.

12. Seven Members shall form a quorum at a General Meeting of the Members.

13. If within half an hour of the time fixed for a meeting, a quorum is not present, the meeting shall, when it has been called by or at the instance of the Executive Committee or the President, or by the Honorary Secretary of his own motion, stand adjourned to another day and hour to be fixed by the Members there present, and the Members present at such adjourned meeting shall form a quorum whatever their number may be. If, however, the meeting has been called by the Honorary Secretary on the requisition of Members or by the requisitionists themselves, it shall be dissolved.

14. At least 7 days' notice of a General Meeting shall ordinarily be given to each Member. The notice shall specify the place, the day and the hour of such meeting, and the nature of the business to be transacted at such Meeting. In case of an emergency, a General Meeting may be called on shorter notice.

15. The non-receipt or short service of a notice of any General Meeting or of any Meeting of the Executive Committee or of any Sub-Committee shall not invalidate the proceedings of such meeting.

16. Every question arising at a General Meeting shall, unless otherwise provided, be decided by a majority of votes of the Members present and voting on the question. In case of an equality of votes

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the Chairman of the Meeting shall have a second or casting vote in addition to his ordinary vote.

17. The President of the Society, when present, shall preside at all General Meetings. In his absence, the meeting shall elect its own Chairman.

18. The Society shall have ultimate authority in all matters relating to the institution except such as are expressly provided for in the Rules and Regulations.

Executive Committee.

19. The management and control of the property, business, and affairs of the institution shall be vested in an Executive Committee, who shall have full power to deal with all matters connected with the institution, subject only to the Rules and Regulations for the time being in force and the Resolutions of the Society.

20. The Executive Committee shall consist of not more than 17 members including the officers and they shall be elected or appointed as follows:—

(*a*) 8 members to be elected by the Society at its Annual General Meeting; provided that not more than two of such members shall be members of the staff in receipt of salary;

(*b*) 3 members to be elected by the Corporation of Calcutta;

(*c*) 1 member to be elected by the College staff of the Mahavidyalaya and 1 by the Hospital staff; and

(*d*) The Principal, the Rector and the Secretary or Secretaries of the Mahavidyalaya ex-officio.

If any vacancy occurs during the interval between any two Annual General Meetings, it shall be filled up by the body concerned.

21. The Executive Committee shall elect its Chairman every year. They shall ordinarily meet once every month to transact all necessary business. A Special Meeting of the Executive Committee may be called by the Honorary Secretary or the Chairman whenever he thinks it necessary and shall be called by the Honorary Secretary on a requisition made by not less than three members of the Executive Committee. Seven shall form a quorum.

22. Executive Committee may from time to time, appoint Sub-Cmmittee for the convenient transaction of the business of the institution.

The Chairman shall preside at every meeting of the Executive Committee. In his absence, the meeting will elect one of its members as Chairman.

Office Bearers.

23. The Society shall have a President, a Rector, a Treasurer, a Secretary or two Secretaries and a Superintendent of Hospital.

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The Rector shall have power to guide the Principal in regard to all academic matters and supervise studies in the College in a generel way.

The Principal shall be responsible for carrying on the academic as well as administrative business of the College and in particular shall be responsible for the maintenance of internal discipline in the College.

24. The Honorary Secretary shall have charge of the executive work of the institution. He shall keep the minutes of meetings, carry on correspondence, look over the accounts and records, superintend the collections and be responsible jointly with the Honorary Treasurer, of the due application of the funds of the Society. He shall be responsible for giving effect to the Rules and Regulations of the Society, and the resolution of the Executive Committee and of General Meetingss.

25. The Honorary Treasurer shall be the custodian of the moneys of the institution. He may delegate his powers in respect of the collection and expenditure of small amounts to any other Office-Bearer or to a subordinate Officer, but such Office-Bearer or subordinate Officer shall remain duly reponsible to the Honorary Treasurer and the Executive Committee. The Honorary Treasurer shall furnish the Honorary Secretary with funds for meeting the current expenses of the institution and such other amounts as may be sanctioned by the Executive Committee. On emegrent occasions, any absolute necessary disbursements may be made by the Honorary Treasurer, subject, however, to ratifiction by the Executive Committee at its next meeting. The Honorary Treasurer shall deposit all funds not required for current expenses in a Bank to be approved by the Executive Committee. All cheques on the Bank shall be signed by the Honorary Treasurer and the Honorary Secretary jointly. In the absence of the Honorary Treasurer, the Executive Committee may entrust his duties to any other Office-Bearer.

Trustees.

26. The property of the institution shall be vested in Trustees, whose number shall not be less than three and not more than five.

27. The first trustee shall be.....s

28. The Trustees shall hold office for life or until they resign their trusteeship in writing.

29. A new Turstee shall be appointed only at a General Meeting.

30. The trustees shall have power, in persuance of a resolution passed at a Meeting of the Executive Committee and confirmed at a General Meeting, to accept any gift, or hold any property, or sell, mortgage, transfer, lease, dispose of or deal with in any particular manner whatever, any property movable or immovable of the Society or acquire or take on lease any property.

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In case of disagreement between the Society and the Board of Trustees on any matter it shall be referred back to the Society for reconsideration at a special meeting, whose decision shall be final and binding on the Trustees.

31. Any three of the Trustees may exercise all or any of the rights and powers of the Trustees under these Rules.

General.

32. The income and property of the Society, whencesoever derived, shall be applied solely toward the promotion of the objects of the institution as set forth in the Memorandum of Association, and no portion thereof shall be paid or transferred, directly or indirectly, by way of dividend, bonus, or otherwise by way of profit, to the persons who at any time are or have been members of the Society or to any person claiming through any of them. Provided that nothing herein contained shall prevent the gratuitous distribution among or sale at a discount to, Members or Subscribers to the funds of the Society or otherwise, relating to all or any of its objects, nor the payment, in good faith, of remuneration to any officers or servants of the Institution or to any Member thereof or any other person, in return for any services actually rendered to the Society.

33. An Office-Bearer, or a Member may be removed for good and sufficient cause by a resolution passed by a majority of three-fourths of the Members present at a General Meeting and confirmed at a subsequent General Meeting called within a period of not less than a fortnight and not more than two months after the first meeting.

34. The Executive Commitee may frame regulations not inconsistent with these Rules, subject to ratification at the next General Meeting.

35. The Executive Committee may make suggestions for additions to or amendments of these Rules. Any individual member shall also have the power to propose any additions or amendments at a General Meeting of the institution, provided that due notice of such additions or amendments shall have been specifically given to the Honorary Secretary at least a fortnight before the meeting and the Honorary Secretary shall have circulated such notice among all the Members.

36. Additions to or amendments of, any of these Rules shall only be made by a majority of two-thirds of the Members present at a General Meeting. The Memoradum of Association shall not be altered or amended except at a Special General Meeting by the notes of three-fifths of the total number of Members on the roll, other than those whose rights have been suspended under Rule 8, and confirmed by the votes of three-fifths of the Members present at a second Special General Meeting.

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Transitory Provisions.

1. There shall be a Provisional Ayurvedic Board which shall manage and control the affairs of the Institution for one year from the date of amalgamation. This Board shall be constituted as follows :

(*a*)	Each of the existing three Colleges shall elect 3 members ...	9
(*b*)	The Special Committee shall elect—	
	(*i*) 3 eminent Kavirajes not connected with the existing Colleges ...	3
	(*ii*) 6 members from the general public	6
(*c*)	The Corporation shall nominate 3 members ...	3
		21

2. The first Trustees shall be elected by the Provisional Board.

N. B.—A copy of the report was sent to each of the Governing Bodies of the three existing Colleges for an expression of opinion. The Governing Bodies of the Baidyasastrapith and the Govinda Sundari Ayurvedic College have approved of the scheme framed by the Special Committee for an amalgamated Ayurvedic College, but the Governing Body and the Board of Trustee of the Ashtanga Ayurvedic College are of opinion that at present it is not desirable that the Ashtanga Ayurvedic College be amalgamated with the other two existing Colleges.

EXTRACTS FROM THE PROCEEDINGS OF THE MEETINGS OF THE GOVERNING BODIES OF THE THREE COLLEGES.

Letter fom the Secretary Gobinda Sundari Free Ayurvedic College, dated the 13th March, 1925.

With reference to your letter No. S-7025 dated the 7th March, 1925, forwarding, for an expression of opinion, a copy of the report of the Special Committee appointed by the Corporation to frame a detailed scheme for an amalgamated Ayurvedic College, I have the honour to state that the report was duly laid before the Governing Body of this College at their meeting held on 11th March, 1925, and an extract from the proceedings of the meeting is appended.

Extract from the Proceedings of the meeting of Governing Body of the M. C. G. S. Free Ayurvedic College held on 11th March, 1925.

Read letter No. S-7025 dated 7th March, 1925, from the Secretary to the Corportion of Calcutta with enclosures.

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Resolved—

That the Corporation be informed that the Governing Body fully concur with the scheme framed by the Special Committee of the Corporation for the management of amalgamated Ayurvedic College. Resolved further that their sincere thanks be conveyed to the Corporation for what they have done so far for the amalgamation of the three existing Ayurvedic Colleges.

Letter from the Secretary, Baidya Sastra Pith (National Ayurvedic College), dated the 14th March, 1925

Re. AYURVEDIC COLLEGE AMALGAMATION.

With reference to your letter No S.-7027, dated the 7th March, we have the pleasure to inform you that the report of the Special Committee forwarded with the letter was placed before our College Council (Governing Body) on 12th instant for cosideration and that the Council unanimously passed the following resolutions supporting amalgamation and the final report of the Committee and heartily thanked the Special Committee for their effort.

Resolved—

(1) That considering the present state of "Ayurveda" this Council is of opinion that all Kavirajes should leave aside all personal and sectarian interests and devote their energies for the uplift of Ayurveda.

This Council has already intimated its desire for the amalgamation of the three existing Colleges and it reiterates the same again and conveys its sincere eagerness for amalgamation and also tenders thanks for the efforts of the Committee for the last six months to bring about amalgamation.

(2) This Council while recognising that the proposed grant is not adequate, considers that there are one or two points in the report of the Special Committee which needs looking into but in view of the loss of time and resultant delay in starting work that will take place, requests that the report of the Special Committee be adopted.

(3) The Council understands that Mahamahopadhyaya Gananath Sen has informed the Special Committee at their last meeting that the three eminent Kavirajes nominated by the Corporation were connected with the Baidyasastra Pith and this action of the Corporation was contrary to the constitution of the Provisional Board.

The Council of the Biadyasastra Pith considers it necessary to inform the Special Committee that the three Kavirajes elected by the Corporation have no connection whatever with the Baidyasastra Pith and their names were put in on the assurance being given by one of the members of the Council that they would help the Baidyasastra Pith by teaching the

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students of the College but as they did not agree to the suggestion, this fact was recorded in the letter of resignation submitted by them.

Letter dated the 14th March, 1925, from the President, Executive Council, Astanga Ayurveda Vidyalaya, Calcutta.

With reference to your letter No. S-7026, dated 7th instant, addressed to the Secretary of the Astanga Ayurveda Vidyalaya, I beg to state that I placed before the Governing Body and the Board of Trustees of my College a copy of the Report of the Special Committee appointed by the Corporation "to frame a detailed scheme for an amalgamated Ayurvedic College" for favour of their opinion and guidance.

The Governing Body and the Board of Trustees in a combined meeting held on 13th instant have expressed their opinion as follows :—

(1) That this meeting of the Governing Body and the Board of Trustees of the Astanga Ayurveda Vidyalaya offers its heart-felt thanks to the Corporation of Calcutta for recognising that support of the Corparation should be extended to the Ayurvedic system of medicine

(2) That the Astanga Ayurveda Vidyalaya has been attempting the resurrection and growth of Ayurveda in all its eight branches, *viz.*—

(1) Shalya or Surgery and Midwifery (together).

(2) Shalakya or Surgery of the Eye., Ear, Nose, and Throat, etc.

(3) Kayachikitsa or Practice of Medicine.

(4) Bhutavidya or Treatment of mental diseases (including the so-called obsessions).

(5) Kaumara-bhritya or Hygiene and Treatment of children.

(6) Agada-tantra or Diagnosis and Treatment of Poisons, vegetable, mineral and animal, including Snake-bite, Rabies, etc.

(7) Rasayana or Hygienic and Preventive Medicine for the attainment of longevity and rejuvenation in old age.

(8) Vajeekaran-tantra or Sexual Science including sexual Hygiene and Treatment of Sexual diseases, and has adopted modern scientific methods where necessary for the said purpose and is not based on blind orthodoxy ; but it appears that the two other Ayurvedic Colleges do not attach the same importance to the modern methods of scientific investigation ; and in consequence, an amalgamation of Colleges which might hold fundamentally different ideas and ideals would not increase their efficiency.

(3) That the proposed amalgamation of the existing Colleges although conceived in the best interests of the Ayurvedic Science, is not in the present circumstances likely to be conducive to its healthy growth.

(4) That this meeting is of opinion that at present it is not desirable that the Astanga Ayurveda Vidyalaya should be amalgamated with the Vaidya-Shastra Pith and Govinda-Sundari-Free Ayurvedic College.

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APPENDIX

The Committee appointed by the Government of Madras on the indigenous medicines drew up the following Questionnaire :—

1. What is the division or divisions of the indigenous systems of medicine,—Ayurveda, Unani or Siddha—that you propose to deal with ?

2. (*a*) What are the theory or theories of causation of disease according to your system ? Please favour the committee with your views as to how far your theory or theories stand the tests of modern scientific criticism ? (*b*) What are the principles and methods of diagnosis and treatment followed in your system ? Please favour the committee with your views as to the general efficacy of treatment adopted in your system, supporting your statements by facts and figures whereever possible. (*c*) Do you hold that the view that indigenous systems of treatment are more efficacious in certain condltions than other systems ? If you do, please adduce evidence in support of your statement.

3. (*a*) Are you connected directly with any institution on indigenous lines ? (*b*) Do you consider that the existing institutions of indigenous systems are satisfactory from the standpoint of (1) adequacy of medical relief provided : (2) suitability as centres of medical education. If your answer is in the negative, please state in what respect you consider the existing arrangments deficient and how you propose to remedy them. (*c*) Do you consider that there exists at present sufficient provision for medical relief and medical education on indigenous lines ? If your answer is in the negative, please state what measures you would propose to remedy the insufficiency.

4. (*a*) Do you consider that the ideal medical training of indigenous systems of medicine requires ; (1) That the students should be placed under personal guidance of teachers of first rate ability and of recognised standing in their subjects ; (2) that the teachers and students alike should have access to well appointed hospitals, laboratories, libraries and museums ; (3) that the teachers should have sufficient leisure to be able to pursue independent investigations in their own subjects ? If you share in this view as to the essentials of medical training, do you consider that this ideal is attained or attainable in the near future in any institution in this Presidency or elsewhere where there is provision for medical training on indigenous lines ? (*b*) If you consider that this ideal is too high for the present, what would you substitute in its stead, as (1) the ideal to be ultimately achieved, (2) the ideal to be worked out in the immediate present.

To be be continued.

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CORRESPONDENCE.

——:o:——

To The Editor,

THE JOURNAL OF AYURVEDA,

CALCUTTA.

Sir,

Mr. Shiva Sarma had been pleased to criticise my conclutions about the prevalence of the custom of beef-eating amongst the Aryans in ancient India when the latter came as conquerors and were mere nomads and hunters and not settled as agriculturists (*vide* correrspondence, Journal of Ayurved, August 1926).

I fully agree with Mr. Sarma that this is no place to discuss the theories of the country of birth of the entire human race. It cannot however be denied that India was occupied from a very ancient period of history by two people different in every respect from each other, the Devas and Asuras of Vedic and Pauranic days, the Aryas and non-Aryas (Anaryas) of the Ramayan, the touchables and the untouchables of the present day mark the distinction to a less extent even now. One must be originally aborigine, the other outsider, for both cannot come from the same stock and become so widely different in every way in their country of birth, while living for ages under similar environments. Mr. Sarma thinks or hints that India is the original home of the Aryans and *the Aryans are the aborigines of India.* I leave it to Mr. Sarma to decide this point with students of ancient History of India and Asia for I do not pretend to claim that honour.

I think Mr. Sarma will agree with me that "Go-medh Yajna" (Cow Sacrifice at the divine alter) was prevalent amongst the ancient Aryans to be replaced later on by "Aswa-medha" (horse sacrifice) with the advance of Aryan civilization, when they changed their nomadic habits and settled as agriculturists, understanding the benefits of preservation of cows and bul's

Mr. Sarma quotes Charaka stating that Prishadhar performed "Go medh", showing that at that time some Aryans used to take beef, though its bad effects were known at such an early age

I think Mr. Sarma will agree with me that Charaka was an Aryan, yet he recommends beef to be taken not only in certain diseases, like Vayu-disease, ozoena, Bishama fever, dry hacking cough, voracious appetite, wasting diseases, as also in certain conditions of health like weakness following over-exertion and in certain seasons (Charak—Sutrasthan).

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Sushruta follows suit. This shows that the ancient Aryans restricted the use of beef in health and disease, but it was not absolutely forbidden.

Mr. Sharma puts forth rather curious argument that the properties of human urine and fæces had been described in the Ayurveda and it was not therefore to be concluded that such articles were taken as food by Aryans. So also is the case of beef, because its properties were described there is no reason to conclude that the Aryans used to take beef. He conveniently forgets that while beef is included amongst the food stuffs, human urine and fæces were never included in such category in Ayurvedic books.

The next argument of Mr. Sharma is frivolous, that because Europeans are experimenting with monkey glands for rejuvination, he should not conclude that Europeans have begun to take monkey-flesh. Mr. Sarma should note that the experiment is one of grafting with monkey Sex-glands which is not monkey-flesh.

In conclusion the writer begs to state that he is always subject to correction and as a Hindu he will be too glad if it is satisfactorily proved that the ancient Aryans did not take any beef at any time of written or unwritten history of India showing that his conclusions are erroneous.

HAZARIBAG,
5. 10. 26.

Yours etc.
ASHUTOSH ROY.

INJECTION THEORY OF AYURVEDA.

A medical book named "Sadharma-pundarika Sutra" belonging to the Buddhic period was orginally published in Russia. In the fifth chapter *Aushadhi-parivarta* the following lines are written relating to *injection theory of Ayurveda*.

कश्चित्पेषयित्वा ददात्, कश्चित् द्रव्यसंयोगितां। पाचयित्वा ददात्, कश्चिदाप द्रव्यसंयोगितां कृत्वा ददात्, कश्चित् शलाकया सिरास्थानं विद्ध्वा ददात्।

The meaning is as follows :—

The physician can give his medicines in different forms, viz, Boiling. powdering, in crude form, or mixtures, or by injecting the medicine through vein.

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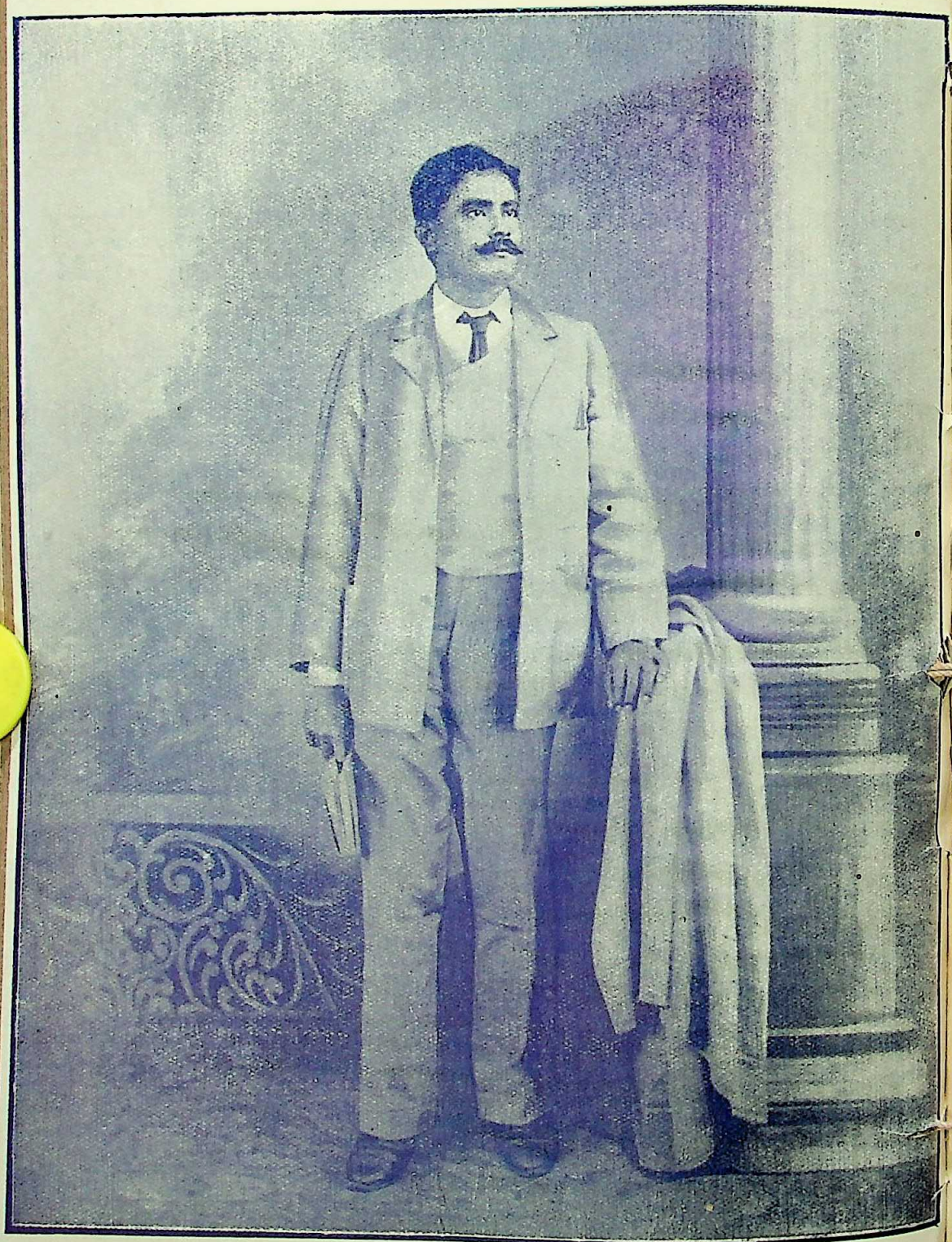
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Late Kaviraj A. C. BISHARAD.

—:o:—

We regret to announce the death of Vishagbhushan Kaviraj A. C. Bisharad, M. R. A. S., which melancholy event took place on the 28th November last at his Calcutta residence at the comparatively premature age of 49 only due to heart failure. He was ailing with heart troubles for some time past but we never expected his end would be so sudden.

Born at Anulia in the District of Nadia in 1877, Kaviraj Anukul Chandra Bisharad was educated at the Ranaghat P. C. H E. School whence he passed the Entrance Examination. He was a student of the Bangabasi College from where he passed the F. A. Examination but had to give up his studies later on due to the death of his father, late Babu Kedarnath Mukherjee.

The next few years saw Anukul Chandra working vehemently to maintain his family. During this time he had to work about 20 hours during the 24 hours of the day. He was a casual stuent of the Calcutta Medical College from where he learnt a clear knowledge of

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Anatomy, Surgery and Pathology. He was a Sub-editor of the Bengalee and of the Power & Guardian.

After finishing his studies in the Medical College, he took to Indigenous System of Medicine, his study in the Medical College being a preliminary to his later education With late Kaviraj Jaminibhusan, he thought that in order to be perfect, Hindu System of Medicine should be supplemented with the study of Anatomy and Surgery.

When he obtained the Diploma of Bisharad, he thought of establishing himself as a practitioner but his poverty was against him At this time he picked up acquaintance with late Dr. James Wallace, the founder and the then Editor of the Indian Medical Record, who found in Anukulchandra a youngman full of untiring energy, promise and enthusiasm, equal to all sorts of hardship and strain required of a successful journalist. The Record was established as early as 1890 but the veteran failed to make it a success even after a fair trial of about a decade and a half. After the death of Dr. Wallace the journal had to wade through various difficulties and in 1907 it came into the hands of Mr. Bisharad.

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and energy of Anukulchandra. He was the founder and joint-editor of the Journal of Ayurveda, the only attempt of its kind in India, which was started in 1924.

His contributions to the pages of the Journal of Ayurveda and Indian Medical Record speak eloquently of his profound scholarship, mastery over the subject matters and the manner of giving expression to them. During the latter part of his life, he was busy compiling a Hindu Materia Medica with Dr Mukherji, some portions of which have already appeared in the pages of the Journal of Ayurveda.

He was a true Kaviraj and a staunch Hindu. He was pious, charitable, and ready to help the poor and the distressed. His vast scholarship was honoured by the Bharat Dharma Mahamandal which conferred on him the title of "Vishagbhushan". He was Examiner of the Gurukul University and a secretary of the All-India Ayurveda Mahamandala (Bengal Branch). He worked with Kaviraj Jaminibhushan in the establishment of the Astanga Ayurveda Vidyalaya.

He leaves behind him an aged mother, a widowed wife, a younger brother, two minor sons and a host of friends and admirers to mourn his loss. We offer our heart-felt condolence to the bereaved family and pray to the Almighty to grant peace and rest to the soul that had been so busy and restless in this world of ours.

H. N. C.

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MANAGER'S NOTICE

—o—

Owing to the sad demise of Kaviraj A. C. Bisharad the management of all his affairs *viz.*, the Indian Medical Record, the Journal of Ayurveda and Bisharad's Ayurvedic Laboratory has devolved on us. We do not know how far we will be able to satisfy our constituents by successfully discharging our responsible duties; however, the writer has the greatest pleasure to inform all concerned that he has got a comprehensive and working knowledge of all these affairs under the guidance of the late-lamented Bisharad during the last few years and hopes to run the Journals and the Laboratory as usual.

Mistakes and shortcomings might occur but we trust to overcome these with the hearty co-operation of our friends and well-wishers. We have already received whole-hearted sympathy from many and count upon same from others. All suggestions and advices regarding improvement and efficiency are cordially invited. We have already prepared schemes for improving both the Journals in every way and trust to put same into practice from our January 1927 issues.

Manager.

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Original Articles.

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STUDIES IN TUBERCULOSIS

BY

RAMESHWAR SINHA, CHEMIST.

(Continued from our last issue).

With a view to convey to the minds of my readers an idea of the different varieties of tuberculosis I would here quote a few lines from the Sacred Veda.

अस्थिभ्वस्ते मज्जभ्य: स्नावभ्यो धमनिभ्य:।
यक्ष्मं पाणिभ्यामङ्गुलिभ्यो नखेभ्यो विवृहामि ते॥
अन्त्रभ्यस्ते गुदाभ्यो वनिष्ठो हृदशदधि।
यक्ष्म कुक्षिभ्यां प्लाशेर्नाभ्या विवृहामि ते॥
हृदयात् ते परिक्लोम्नो हलीक्ष्णात् पार्श्वाभ्याम्।
यक्ष्म मतस्नाभ्यां प्लीह्नोयकृतस्ते विवृहामसि॥

The above mentioned mantras go a long way to elucidate and establish the fact that the different varieties of tuberculosis *i. e.* intestinal t., meningeal t., lupus t., fibroid t., splenic t., etc., were known in India long before they were even dreamt of in the western world. They did not deal with the other varieties of tuberculosis separately for they thought them to be of minor importance and as complications of pulmonary tuberculosis as well.

The principles of fresh air treatment :

द्वौ इमौ वातौ वात आसिन्धोरापरावत:।
दक्षते अन्य आवातु परान्य वातु यद्रप:॥
आवात वाहि भैषजं विवात वाहि यद्रप:।
त्वं हि विश्व भैषजो देवाना दूत ईयसे॥
वात आवातु भैषजं शम्भुमयो भुवो हृदे।
प्राण आयु पितारिषत् उत्वात पिताऽसिनडत्।
आतो न: सखा स नौ जो वातवे कृधि॥

Rigaveda.

The curative efficacy of the open-air treatment was well known in India. The above mentioned mantras of Rigaveda very clearly

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unfold the mysteries of mountain and marine climate and recommends tuberculous patients to enjoy the pure air at mountain or at sea-level as suited to their circumstances.

David Muthu has truly said :—

"Perhaps the Hindu Philosophers are right after all when they assert that besides its chemical constituents the atmospheric air contains a vital principle called 'prana', through which life manifests itself, and fresher the air the more it is charged with 'prana'. Perhaps 'prana' is the vitamine principle and the oxygenation of the blood is best secured when oxygen contains this pranic element, and in close, vitiated air the oxygen is deprived of this element and thus of its life-giving power."

"Life is one. Mankind is one.

Micro-organisms are the product of environment. Disease is interrelated in the defective or the altered state of the blood, hence diseased conditions are within us and not outside. We carry within us the potentialities for good or evil. Life is manifested by resistance. The object of the open air treatment is to renew and strengthen all the vital forces of the body. Behind microbes there lie ten thousand activities of the endocrine glands and metabolism, and behind these again lie the operations of the mind and the spirit which man can control.

When the mind is girt with peace there is harmony, equilibrium, stability within. This is why the great physician healed disease by bringing peace within. The civilised man has lost this secret of health. The multiplicity of his duties and responsibilities have filled him with care and anxiety which have disturbed his calm and peace of mind so necessary for the healthy functioning of every organ of his body."

"So the evils of tuberculosis will not be cured by injection treatment or by any violent efforts to destroy infection, but by the gentle flow of life and vital energy surging through the weakened frame of the patient when he is brought under the open-air treatment where the influence of fresh air and country life and of rest of body and mind ensures the arrest of the disease. Tuberculosis is mainly the expression of hunger for clean air, clean food, clean surroundings and clean mind.

And only on these four corner-stones can a palace of health be built for suffering humanity for the cure and prevention of tuberculosis—yea, for all disease.

(To be continued.)

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THE CHARACTERISTICS OF THE NORMAL PULSE ACCORDING TO THE AYURVEDIC SPHYGMOLOGY

BY

DR. EKENDRA NATH GHOSH.

The normal pulse characteristics have been described in many treatises. As the knowledge of the normal pulse condition is essential for the recognition of an abnormal condition much stress has been laid on the study of normal pulse.

The characteristics of the normal pulse can be well dealt with under three headings :

(1) General characteristics.

(2) Normal variations. This includes—(*a*) daily and (*b*) seasonal variations.

(3) The rate of pulse. This seems to have developed under the influence of the modern western system of Medicine.

1. The general charactistics.—The following passages are found in various works describing the normal pulse conditions ;—

(1) सुव्यक्तता निर्म्मलत्वं स्वस्थानस्थितिरेवच।
अचाञ्चल्यं समवतं सर्वेषां लक्षणं शुभं॥

I. 4* ; II. 4 ; II. 16 ; II. 36.

(2) नाडीगृह्य भवेन्नृणां पीडा नास्ति शरीरतः [वाशिष्ठे]

II 4. ; II. 36.

(3) स्वस्थितस्य स्थिरा चेया तथा वलवती शिरा II. 36, II 38. स्थिरा मन्दगमना वलवती चापि स्थूला अत. स्थौल्येसति शैथिल्य (जाड्य) रहिता सुखमावेग पूर्वस्माद् भेदः इति— II. 36 ; II 38 (underlined portions).

(4) सर्वतः समता नाडी पीडा नास्ति शरीरतः। II. 4 ; II. 36.

(5) स्निग्धा रसवती प्रोक्ता रक्ते मुर्च्छाभिघातिनी।
भाविरोग प्रबोधाय स्वस्थे नाडी परीक्षणं॥

II 1 ; II. 20 ; II. 26 ; 44.

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* These figures refer to the numbers assigned to the works enumerated in "Sphygmology in Ayurveda," Journal of Ayurveda, Oct. 1924.

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(6) स्निग्धा..... मूर्च्छाभिघातिनी ।
नीरोगा सुस्थसञ्चारा स्वस्था नाडी परीक्षयेत् ॥ II. 7.

(7) সোমান সুস্থির হয়্যা করয়ে গমন ।
কোন দোষ নাহি তার জানিবে কারণ ॥ II. 9.

(8) भूलतागमनप्राया स्वस्थास्वस्थमयी शिरा: ।
प्रायेन बाहुल्येन स्थूलतावत्य: कृशा मसृणा
वक्रगमना च स्वस्था परितो जाड्य रहिता ;
स्वस्थमयी स्थिरा सस्थतान्यत्रका च ।
II. 36 : II 38 (underlined portions).

(9) भूलतागमनप्राया स्वच्छास्वस्थामयी शिरा ।
सुखितस्य [सुस्थितस्य] स्थिरा ज्ञेया तथा बलवती मता ॥
II. 4 ; III. 2, III 3, III. 4 [भूनाग in place of भूलता) ; III. 5.

(10) भूलता भूजगाप्राया स्वच्छास्वस्थामयी शिरा ।
II. 4 ; II 18

(11) महीलतागमनप्राया स्वच्छा मूर्च्छामयी शिरा । II. 28

(12) व्यानागमदृशीप्राय: स्वच्छस्वस्थस्वे शिरा ।
सुखितस्य स्थिरा ज्ञेया तथा बलवती मता ॥ II 41.

(13) सुखिनस्य स्थिरा ज्ञेया तथा बलवती स्मृता । II. 4.

(14) सुखिनस्य भवेन्नाडी स्थिरा बलवती मता । II 20.

The normal pulse shows the following characteristics :—

1. The pulse should be distinctly felt [*suvyakta* (1)].

2. The pulse beats should be individually distinct from one another—they should not merge or fuse with one another [*nirmala* (1), *suddha* (2), *jadyarahita* (8), *swachha* (10—12). This indicates that the pulse should not be full between the individual beats, that is, there should not be high tension.

3. The pulse should remain in its natural position [*swasthanasthita* (1), *swastha* (8)].

4. The pulse should not be quick [*achanchala* (1)], and should be of the usual slow rate [*sthira* (3, 9, 12-14), *susthira* (7)]. This may refer to the individual pulse beat which should not rise and fall quickly beneath the examining fingers, but both the rise and fall should be slow and gradual.

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5. The pulse beats should be of the same strength [*samavala* (1)].

6. The pulse should be regular in succession [*sama* (4), *somana* (7)].

7. The pulse should be strong, that is, should have a good tension [*valavati* (3, 9, 12—14)]. This indicates that it should not be very soft.

1. It should be soft, that is, should be esaily compressible [*snigdha* (5, 6)]. A normal blood pressure is indicated.

9. The pulse should have a good volume [*rasabati* (5, 6)].

10. The pulse should be insensible [*murchhabhighatini* (5, 6), *murchhamoyi* (11)]. This perhaps refers to the fact that the pulsation should not be visible to the eye or the artery, should not be felt as a cord. The terms *murchhabhighatini* and *murchhamoyi* may also mean that the pulse waves should strike the examining finger like the *murchha*, the regulated rise and fall of sounds in a melody.

11. The pulse should be like the progression of an earthworm [*bhulata gamanapraya* (8, 9), *bkunagagamanapraya* (9, 10), *mahilatagamanapraya* (11), *kshmanagagamanapraya* (12)]; that is, it should be, instead of its largeness or fullness, slender, smooth, that is, soft to the touch and should have a curved course, that is, it should have a gradual rise and fall (that is, should not rise and fall straightwise and vertically) (8, 9).

12. The pulse should resemble the progression of a snake (10).

The accuracy of these statements will be brought home if we compare them with the following quotation on "the typical pulse of a healthy adult man" from Hutchison and Rainy's Clinical Methods (1912, pages 184-85). "The rate is 70 per minute. The beats are regular in rhythm and equal in strength. The expansion is moderate in amount. The vessel is not tortuous, its walls are not rigid or thickened, and between the beats it is just possible to feel it. It is of moderate size. The passage of the pulse wave can be arrested by moderately firm pressure, and the beat is best felt when a medium degree of pressure is applied: in other words, the force and tension are both moderate. The rise of pressure is neither abrupt nor very gradual, it is fairly well-

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sustained, and its fall is gradual but not very tardy. No conspicuous oscillations of pressure are discernible during the time of subsidence".

2. Normal variations in the pulse condition.—The normal variations in the pulse characteristics consist, as already noted, of (i) daily variations and (ii) seasonal variations.

(i) Daily variations in the pulse condition. The normal daily variations in the pulse condition have been depicted in several treatises (1-5).

(1) प्रातः स्निग्धमयी[1] नाडी मध्याह्ने ऊष्मतान्विता[2]।
सायाह्ने धावमाना या[3] विराट्[4] रोग[5] विवर्जिता[6]॥

—II. 36; II, 41 (1 स्निग्धतरा; 2 ष्मतान्विता; 3 च; 4 ज्ञेया); II 4 (2 ष्मतान्विता); II. 4 (edition by Gangadhara Kaviraj), (2, तूष्मता; 4, 5, 6, मूलतेव समागमे in another place); II. 28 (2 उष्मतां व्रजेत्; 4-6, रात्रौ वेगविवर्जिता); II. 18; (as in the sloka quoted; in another place, 4-5 रात्रौ वेगविवर्जिता); II. 38.

(2) चिरादिति अतीता नागतयोर्द्वयोरप्युक्तिः।
अवान्तर भेदस्तु स्वल्पकाल बहुकाल व्यापिक गतिभेदात्।
एतच्च पथ्याग्निनामेव।
II. 38 (Commentary to the first sloka).

(3) चिरादित्यतीतानागतयोर्वाच्य, पथ्याग्नितायामेव। II. 36.

(4) पूर्व्वाह्णे धमनी वसन्तगुणा मध्याह्निके ग्रैष्मिका।
सायाह्णे मिहिरं च शैशिर हिमवद्दर्द्दरावौ शरत्।
वर्षाकालगुणा निशान्तकालि ज्ञेया भिषजाक्रमात्॥ II. 47.

(5) पूर्व्वाह्णे प्रतीतं वसन्तगुणं मध्यदिने ग्रैष्मिकं।
सायं प्रावृषिकं प्रदोषसमये शीतं निशान्ते शरत्॥
प्रत्युषेऽपिदिनक्रमादहति वै नित्यं दिने सन्ततः॥ II. 12.

(6) शीतवक्रा वसन्तेतु स्थिरा ग्रीष्मेतु चञ्चला।
वर्षासु चञ्चला नाडी शरद्यपि च चञ्चला।
हेमन्ते चपला नाडी देशभेदे गतिस्तथा॥ II. 42.

The pulse conditions are said to vary within physiological limits in the different times of the day and night in the following manner :—

(a) Morning hours :—The pulse is soft (1) in the morning. In the forenoon, the pulse resembles that in the spring (4, 5).

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(*b*) Midday :—In the noon, the pulse becomes jerky (1) ; it resembles that in the summer (4, 5).

(*c*) Afternoon :—In the afternoon, the pulse is running (quick) (1) ; it resembles that in the rainy season (4, 5).

(*d*) Night :—The pulse becomes quiet (free from speed—quickness) in the night (1). In the first part of the night, the pulse resembles that in the winter (4, 5) and in the second part resembles that in the autumn (4, 5). In the early morning (5) and at the end of the night (4), the pulse bocomes like that in the rainy season (4) or, according to the other authority (5), like that in the winter.

The passage चिराद् रोग विवर्जिता occurs in some treatises (see above) and has been explained in them. The term चिरात् means neither past nor future ; that is, the patient was neither ill in near past nor will be ill in near future. Not being particularly mentioned, the pulse conditions in the different hours of the day, if they continue for a short time or a long time, indicate freedom from any disease for a short or long time past or to come (2). This is to be considered for those who want to come back to the usual diet (*pathya*) (2, 3).

There are many other treatises which deal with these variations in a different way ; these will be considered later on.

(ii) Seasonal variations. The pulse is crooked (curved) in the winter, slow (soft ?) in the spring and quick in the remaining seasons. The pulse is stated to vary according to different countries (nationalities). There are further descriptions concerning these variations, which will be considered later on.

(3) The rate of pulse. The study of the pulse rate seems to have been undertaken in quite recent years. There are four treatises in which the pulse rate has been described.

(1) षष्ट्या स्पन्दास्तु मात्राभिः षट्पञ्चाशत् भवन्त्यहि ।
शिशोः सद्यप्रसूतस्य पञ्चशत् तदनन्तरं ॥
चत्वारिंशत् ततः स्पन्दाः षट्त्रिंशत् यौवनेततः ।
प्रौढस्यैकोनत्रिंशत् स्यर्वार्द्धवृद्धौ च विंशति ॥
पुंसोऽतिस्थविरस्य स्युरेकत्रिंशदतः परम् ।
योषितां पुरुषाणां च स्पन्दास्तुल्या प्रकीर्त्तिता ॥
प्रौढीणां रमणीनां द्व्याधिका सप्तता बुधैः ॥ III. 3, III. 5.

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The counts are given in *pala* or 24 seconds ; hence one minute corresponds to 2½ *palas*.

At birth, the pulse rate is 60—56.
After birth, the rate is 50.
After that (first year), the rate is 40.
In youth (16th—30th year), the rate is 36.
In adult (30th—55th year), the rate is 29 ;—in adult, female 31.
In old age, the rate is 28.
In man, in extreme old age, the rate is 31.
The rates are the same in both the sexes.

(2) अयिप्रिये शृणुष्व वै वदाम्यहं मतान्तरं ।
नरस्य जन्मकालतोऽशीति वत्सरावधि ।
शिशोर्हि जन्मकालतः पलावधिप्रकम्पते ॥
धरा रसेषु वारकं निरन्तरं शृणुप्रिये ।
पलादारभ्य वर्षान्तं पलैकेन च नाडिका ॥
नेत्रेषु कृत्वश्चलति मत्तकुञ्जरगामिनी ।
अब्दादब्दद्वयं नाडी पलैकेन प्रवेपते ॥
वेदाश्विवारं लोलाक्षि चलत्कुण्डलशालिनि ।
वर्षद्वयाद्विवर्षान्तं पलैकेन च तन्वङ्गी ॥
खवेदकृत्वश्चलति पीनोत्तुङ्गपयोधरे ।
त्रिवर्षात् सप्तवर्षान्तं षट्त्रिंशद्वारकं प्रिये ॥
कम्पतेच पलैकेन जीवितज्ञा प्रियंवदे ।
सप्तमान् मनुवर्षान्तं वेदाग्निवारकं धरा ॥
ततश्च त्रिंशद्वर्षान्तं द्वात्रिंशद्वारमेवहि ।
त्रिंशदब्दात् समारभ्य खशराब्दान्तमेवच ॥
खाग्निवारान्विशालाक्षि जीवितज्ञा प्रकम्पते ।
शताब्दवर्षादारभ्याशीतिवर्षान्तमेवहि ॥
चतुर्विंशतिवारान्वै कम्पते धमनिः प्रिये ॥
एवमुक्त प्रमाणाच्च भवेन्न्यूनाधिकं यदि ॥
न्यूनाधिके क्रमात्ख्यातां शीतोष्णेच घटत्वनि । III. 4.

The pulse rates are here enumerated from the time of birth to 80 years of age in the form of a discourse between Siva and Parbati.

From the time of birth the rate is 56 per *pala*.
After this first period up to the first year, the rate is 52 per *pala*.
From the first year to the second year, the rate is 44 per *pala*.

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From the second to the third year, the rate is 40.
From the third to the seventh year, the rate is 36.
From the seventh to the fourteenth year, the rate is 34.
From the fourteenth to the thirtieth year, the rate is 32.
From the thirtieth to the fiftieth year, the rate is 30.
From the fiftieth to the eightieth year, the rate becomes 24.

If the rate is less, the pulse is to be considered *sita* (slow), and, if the rate is higher, the pulse is to be taken as *ushma* (quick).

(3) दशगुर्वक्षरोच्चारकालः प्राणषडात्मकैः।
तै पञ्च स्यात्तु तत् षष्ट्या दण्ड इत्यभिधीयते॥
स्वस्थानां देहिनां देहे वयोवस्थाविशेषतः।
प्रवहन्ति यथा नाड्यस्तत्संख्यानमिहोच्यते॥
सार्धद्वयपलः कालो यावद्भवति जन्मतः।
तावत्प्रकम्पते नाडी चत्वारिंशच्छताधिकं॥
तदूर्ध्वं हायनं यावत्सार्धद्वयपलेन सा।
मुहुः प्रकम्पमाधत्ते विंशद्वारं शतोत्तरम्॥
उपरिष्टादाद्वितीयात्तावत्काले शरीरिणं।
ततः प्रकंपते नाडी दशाधिकशतं मुहुः॥
ततस्त्रिवत्सरं व्याप्य देहिनां धमनौ पुनः।
मुहुःप्रकम्पते तद्वत्सार्धद्वयपले शतम्॥
ततस्त्रासप्तमादर्षान्नवतिः स्यात्प्रवेपनं।
धमन्यास्तन्मिते काले प्रत्यक्षादनुभूयते॥
ततश्चतुर्दशं तावत्प्रत्यशीतिः प्रवेपतम्।
विंशदर्षमभिव्याप्य ततोऽशीतिः प्रकीर्तितम्॥
शताब्दवत्सरं व्याप्य कम्पनं पञ्चसप्तति।
ततोऽशीतै प्रकथितं षष्टिवारं प्रवेपनम्॥

The time required in pronouncing ten long letters is called *prana*; six *pranas* make one *pala* and sixty *palas* give one *danda*.

Here is noted the number of the pulse beats in the body of healthy person according to the age.

From birth, the pulse beats 140 times in 2½ *palas*.

From birth up to the first year, the pulse beats 130 times in 2½ *palas*.

From the first to the second year, the pulse beats 110 times in the same period.

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From the second to the third year, the pulse beats 100 times in 2½ palas.

From the third to the seventh year, the pulse beats 90 times in the same period.

From the seventh to the fourteenth year the pulse beats 85 times in the same period.

From the fourteenth to the thirtieth year, the pulse beats 80 times in the same period.

From the thirtieth to the fiftieth year, the pulse beats 75 times.

From the fiftieth to the eightieth year, the pulse beats 60 times.

The rate given above seems to have been derived from the Modern Western System of Medicine.

(3) नरजन्मकालतः प्रिये यावत् खाष्टशरत्सु जीवनं।
गगनाब्धिचन्द्रसम्मिताद्यां मिस्टां धमनी प्रपच्छति॥
आजन्मवर्षान्तसतोत्र चञ्चला खरामचन्द्राचलतीं नाडिका।
कालेन मिस्टैकमितेन वर्षद्वयान्तमभैक धरामिता यथा॥
विवत्सरं व्याप्य मुहुः प्रकम्पतकालेन तेनैव शतञ्च नाडिका।
खाङ्का पुनर्गच्छति सप्तवर्षं व्याप्याथकान्तधमनीनरस्य॥
ततोऽब्धीन्दुवत्सरं शराष्टगा च नाडीका।
प्रकम्पतेत्यशीतिगा खरामवर्षतोऽवधि॥
शराद्रिवारमेव नाडिका शतार्द्धवत्सरावधि।
ततश्च खाष्टवर्षकं नरस्य नाडिका सदा।
कम्पते षष्टिवारं च कालेमिस्टैक संज्ञिते॥
उक्तमानाद्विवेदूने न्यूनाधिक्येऽधिका च सा॥ II. 4.

The rate is given in minutes (*minta*).

At birth, the pulse rate is 148.

From birth to the first year 130.

From the first year to the second year 110.

From the second to the third year 110.

From the third to the seventh year 90.

From the seventh to fourteenth year 85.

From the fourteenth to thirtieth year 80.

From the thirtieth to the fiftieth year 75.

From the fiftieth to the eightieth year 60.

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(4) यावद्वर्णान् वदति मधुरोमध्यरीत्या लघून् वा यत्कालो गुरूरपि दुधैर्वाच्यते तालविद्भिः सुस्थः चासौ भवति च लव पञ्चम यावदस्मिन् काले नाडी प्रवहति पले विंशदाढ्यत्रयोस्थः। प्रौढ्यवस्थिति नुदैपपल नाडिकाया द्वद्वावलीषु सविराम इह उक्त काल वैतस्तिके ध्वनि वियोगं उपैति यावद्वर्ण्स्त युतान्यकरतः सविराम उक्त॥ एतत्काले वर्द्धमानो शिशुणां स्पन्देत् एषा तन्यमश्नन्ति यावत् किञ्चित् किञ्चित् वर्द्धसमानेन काञ्जिनात सुर्हुश्चाद्वलं यावदेषु॥ II. 24.

Although the passage has been quoted here, it seems to be incorrect in many places. The substance may be thus noted: It takes one *laba* (½ sec) to pronounce a long or short letter; five *labas* make one *pala*. The pulse beats thirty times in a *pala* (2½ seconds) in the praurha (*i.e.* between 30 to 55 years). In the old age and in the weak person, the pulse becomes slow (and has less force?). In the child, the pulse becomes quicker little by little and stronger and stronger as the age advances.

As the pulse rates depicted here seem to agree closely with those of the Modern European System, it is not necessary to repeat them from this latter point of view. But we quote the following passage, which describes the daily variations in the pulse rate: "The time of day has a slight influence on the pulse rate, which is usually five or ten beats higher in the afternoon and evening than in the morning". (Reference Handbook of the Medical Sciences, Vol. VII., p. 401). This comparative slowness in the morning and quickness in the evening were known in the Ayurvedic System. It has already been seen in connection with the daily variations of the normal pulse.

Lastly, the pulse is quicker in the female by a few beats in a minute than in the male. This has also been noted above [3 (1)].

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FOOD IN AYURVEDA

BY

ASHUTOSH ROY, L. M. S.,—Hazaribagh.

(Continued from the October issue).

SECTION II.

FOOD IN DISEASES OF THE DIGESTIVE SYSTEM

The digestive diseases are :—

(1) Atisara or diarrhœas or fluxes.
(2) Ajirna or Indigestion.
(3) Arsa or Piles.
(4) Krimis or Worms.
(5) Abdominal Tumours.
(6) Some Abdominal symptoms.
(7) Other Abdominal diseases.

ATISARA (DIARRHŒA).

Etiological classification.

Diarrhœa may be caused by derangement of Doshas :

(*a*) Hyper-function with disfunction of "Kapha" (Anabolic) hormone).

(*b*) Hypo-function with disfunction of Pitta (Katabolic hormone) notably the Suprarenals and also the Thyroid.

(*c*) Hyper-irritation of "Vayu" (Nerves) inducing increased peristalsis of the intestines.

"Several authorities", says Kemp, in Fitch's Dieto-therapy, "divide Diarrhœas broadly into :—

"Catarrhal Enterites (corresponding to "Kapha" form)
"Nervous diarrhœa (,, "Vayu" form)
"Collites (,, "Pitta" form)."

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Clinical Classification.

The following clinical classification of the 'Fluxes" is described in Ayurvedic books:

Atisara—or simple diarrhœa without fever due to derangement of 'Kapha." The chyme is not converted into chyle properly and the abnormal residue of digestion is forced out of the system as diarrhœa.

Jvara-atisara—or diarrhœa with fever due to derangement of "Kapha-Pitta." The food injested is not changed into normal chyme, acts as irritant and is thrown out of the system as diarrhœa while fever results.

Ama-atisara—or mucous diarrhœa due to derangement of Vayu-Pitta The food injested is improperly katabolised, there is fermentation and mucous formation and the resulting residue comes out as mucous stool frequently.

In mucous diarrhœa (catarrhal enterites) there is a strong suspicion of Nervous element (Vayu) in some of them, according to Hawkins.

Sutika—or Peurperal diarrhœa due to derangement of Vayu-Kapha, so that the Pitta hormone in the abdomen, the Adrenals hypo-function (vide my article in the Calcutta Medical Journal),

Grahani—or chronic diarrhœa due to derangement of "Tridosha" (tubercular, cacluxial, terminal, urœmic, etc)

Diarrhœa is primarily a "Kapha" disease as this link in the sympathetic chain is primarily upset followed by upsetting of the other two links, Pitta and Vayu. In Mucous diarrhœa which is caused by taking Pitta-producing food like meat in a case of diarrhœa, Vayu-Pitta is excited but not sufficient to neutralise the opposing Vayu-Kapha. Mucous is formed and the diarrhœa, though decreases in intensity, does not stop. Often the Pitta is over-excited resulting in—

Rakta-atisara—or Dysentery.

In some classes of diarrhœa there should be initial fasting. "In acute attacks of Diarrhœa", says Kemp, "from whatever cause, it is well to prohibit food from 24 to 48 hours, water should only be given.

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FOOD IN THE DIFFERENT VARIETIES OF DIARRHŒA.

In simple diarrhœa, astringent liquid foods like "Khai-manda," 'Chira-manda," Barley-gruel, medicated or otherwise are indicated.

In severe diarrhœa there should be fasting in the beginning till the derangement of the Dosha is corrected, when medicated barley gruel or pulv "Khai". (fried paddy) in the form of soft boluses should be given (Khai-Laddu or hard balls of Khai will act as irritant and should be avoided). Soup of Masur (Lentil) may be given in place of barley-gruel when indicated.

Allopathic practice is similar except in one or two points, *viz.*:—

(*a*) The first indication is fasting in all cases of acute severe diarrhœa.—(Kemp).

(*b*) The choice lies between milk-carbohydrate and protein diet. The decomposition of protein is best met by a milk-diet or a milk-carbohydrate. diet. In irritation and inflammatory condition of the small intestines (Vayu or Vayu-Pitta), carbohydrate should be replaced by protein and fat, as a pure milk-diet, the advantage of the latter being that little residue enters the colon. —(Hawkins).

(*c*) Articles of food containing cellulose, vegetables, fruits, coarse bread stuff and grains, sugar and meat extracts should be forbidden. The idea is to give food with as little residue as possible.

The point to note is that with regard to (*a*) and (*c*) both systems agree. Milk is not suitable to Indian stomach and not so easily digested as in European stomach. Whey is recommended in Ayurveda when carbohydrate is contra-indicated.

European Medicine has noted that milk in some persons causes constipation, in others diarrhœa. The latter is generally the case with Indians and pure milk diet is contra-indicated.

European Medicine states that Carbohydrates may produce fermentation when protein feeding will be indicated. Such food as egg, water, broths are given. Ayurveda recommends Masur s up when carbohydrates are not digested. Generally they prefer thin carbohydrate gruel, if necessary, medicated.

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Medicated Barley Gruels.

In "Kaphaja" diarrhœa, give with "Pancha-Kol" or the five carminatives.

In "Vayu-Kaphaja" diarrhœa give with "Dhanya Panchaka" a carminative astringent antibilious stimulant combination.

In "Vayu-pittaja" diarrhœa give with "Swalpa-Pancha-mul"—a diuretic combination relieving the liver.

Food in Mucous Diarrhœa.

In mucous diarrhœa give barley-gruel, medicated if necessary, but don't fast the patient or give nitrogenous soups like lentil soup or meat soup which further aggravates the already deranged Pitta.

Here the European practice of dieting is entirely different. Some authorities give alcohol, others disagree on the point; *e. g.* Kemp. Auyurveda of course does not give alcohol.

Kemp recommends milk and lime-water. Ayurveda does not give milk.

Regarding sour milk, Kemp says that it is beneficial in some persons, aggravating the diarrhœa in others.

Ayurvedic practice is not to give curd (fermented milk) but a solution, of milk, salt and sugar by curdling the milk by lime juice and straining the curd, the watery portion left is given.

In Am-atisar no astringent food or medicine should be given, for if the bowel is locked, there results auto intoxication and acidosis. It may cause :—

Enlarged Spleen.
Chlorosis.
Distension of abdomen.
Suppression of urine.
Abnormalities of urine (Meha).
Leprosy (Kustha).
Ascites.
Fever.
Oedema of legs.
Abdominal tumours (Gulma).
Diarrhœa.
Piles.
Colic.
Cardiac distress (Hrasa).

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FOOD IN SUTIKA OR PEURPURAL DIARRHŒA.

This form of diarrhœa is due to derangement—Hyper function of Vayu-Kapha due to hypo function of Adrenals. This form of the disease is not mentioned as a clinical entity in European books, though European doctors have noted it in Bengal and certain other parts of the country.

In this variety Ayurveda recommends the administration of Barley-gruels, Khai-manda or Chira-manda (carbohydrate thin gruels) mixed with soup of meat, pulse (masur) or vegetables according to indications.

The vegetable soup contains the vegetable salts and the indigestible cellulose is removed by straining. As the patient is already weakened during the period of pregnancy and confinement, some meat soup is added for its appetizing and stimulating properties.

FOOD IN GRAHANI (Chronic Diarrhœa).

Light and easily digestible food like Barley-gruel medicated in various ways according to Doshas deranged is recommended.

Whey is particularly recommended, medicated with carminatives, specially when "Vayu" is deranged in excess in order to check fermentation. It is cautioned to use fresh whey where there is little lactic acid formed. It must be remembered that lactic bacillies are particularly useful to kill proteolytic colli found in excess in the intestines of wheat-eating Europeans whereas in that of practically vegetarian Indians, amylolytic colli is only found. The lactic acid of fermented milk adds to the acids of fermentation and increases the diarrhœa.

FOOD IN RAKTA-ATISAR (Dysenteric Diarrhœa).

Dysentery is considered as a disease of constipation in the West. It is called 'Atisar" because of constant purgation, though faecal matter may be absent in severe cases.

Goat's milk with Barley-gruel is recommended when the patient is weak.

The writer's routine procedure is to give "Bael"-water prepared as follows: An unripe Bael fruit is taken (in which the starch is on the point of being converted into sugar). It is cracked in two or three places and roasted when the inside of the fruit is a little

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softened by the heat and the starch is further converted into sugar. This is mixed with hot water to which a little fried and pulverised Mouri (anesi is added and the whole mixture is strained, so that the starch-water containing Bael sugar, the active anti-dysenteric principle of Bael fruit and the fine particles of the carminative anesi is taken as food when cold, 3 or 4 times a day. It checks the disease quickly. No other food is given.

If this does not stop the dysentery, the following in addition is given every morning in empty stomach :—

The inside of seed of Bahera (Belluric myrobalan, a very strong astringent is pasted with a few black pepper and a little treacle from date palm khejur gur). The paste is taken once a day for 3, 7 or 21 days according to the gravity of the disease. The Bael-water is given as food. Both the blood and diarrhœa stop quickly. This is followed by rice-gruel in the convalescent stage.

It should be noted that while ripe Bael is laxative, unripe Bael is constipating.

Special Milk Diet in Diarrhœa.

In certain cases of Grahani or Chronic diarrhœa with fever with a suspicion of Tuberculosis, it is not desirable to semi-starve the patient when pure milk diet with mercurials (Parpati) is given with benefit. No other food or drink (including water) is given.

Contra indications in Diarrhœa and Convalesance.

The use of hard indigestible articles of diet obogenous dry hot cold fluid thick in consistency, not to speak of solids.

Incompatible articles of food.

Eating irregularly.

Taking food at improper time when there is indigestion of the previous meal.

Excessive use of obogenous food (sucha).

Drinking impure water.

Drinking of too much liquor.

Exposure to weather specially when the season is changing.

Indulgence in aquatic sports.

Voluntary suppression of any call of nature.

Germination of parasites in the intestines (jivanu) the result of faulty diet.

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Food in Convalescence after Diarrhœa Stops.

It should be remembered that the convalescent patient is not out of danger, of relapse, for any over-indulgence in eating and drinking induces a recurrence, hence it is desirable to be very careful about prescribing suitable diet in convalescence from diarrhœas. The following are recommended :

To rouse digestion weakened by diarrhœa, give rock-salt (Saindhab laban) and Javakshar (alkali).

After diarrhœa stops and the patient is in the convalescent stage, give rice-gruel variously mixed with fish soup or meat soup or pulse soup or vegetable soup, according to the nature of diarrhœa.

Fish Soup is contra-indicated after "Kapha" or Vayu-Kapha derangement causing the diarrhœa. When indicated, the various fishes recommended are small white fish like "Mourola" or black fish like "Singhi", "Koi" or "Magur".

Meat Soup is contra-indicated after "Pitta" or "Vayu-Pitta" causing the disease. When indicated the meat recommended are those of game birds like "Titter" (Partridge), "Lawa", "Gonrki" and wild animals like deer and rabbit.

Pulse Soup—Soup of "Arhar" (Cajanus Indica) and "Masur" (Vicia Lues) are contra-indicated in the "Pitta" and "Vayu-Pitta" forms of the disease.

Vegetable Soups recommended are those of carminative astringent vegetables like "Gandal" and "Kanchkala" or "Mocha" (Plantain flower), acid astringents like "Amrul-sag" (Indian sorrel), bitters like "Neem"-leaves, water-vegetables like "Saluk" (containing Iodine and Bromine).

Milk and Milk foods are recommended in convalescence after chronic long-standing cases with much tissue waste, Goats' milk (containing excess of calcium), "Ghee" from goats' milk, Whey from cows' milk etc.

Fruits recommended are acid astringents like—

"Kala Jammi (Black berry)—Astringent.
"Chalta" (D. spinosa)—Acid.
"Gab" (Peach plum) ,,
"Bounch" ... ... ,,
'Kayet Bael (Wood apple) ,,
"Bakul" fruit —Astringent.
"Bael fruit" ... Do.
Pomegranate ... —Acid and sweet.

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Carminatives are recommended like Nutmeg, Bala (P. adourata) Caraway and Coriandar.

"*Sherbats*" (Syrups) of Can.-Indica—Soothing.

Decoction of "*Kurchi*"—antidysentric in mucous diarrhœa with blood, combined with "Bael" fruit.

AJIRNA OR INDIGESTION.

In this group of diseases, the digestive hormones are upset in either of the three ways :—

Hypo-function as in "Agni-manda"

Hyper-function as in "Tiksh-nagni"

Dys-function as in "Bisham-agni"

Thus we have three etiological groups of the diseases.

The immediate effect of derangement of the digestive hormones is the corresponding (hypo-,hyper-, or dys-function) derangement of the digestive enzymes and Hydrochloric acid.

In all these cases the resulting "Am-Rasa" (chyle) is deranged.

This deranged chyle circulating with the blood by upsetting one or more "Doshas" may produce any one of the following syndromes :—

Clinical Varieties.

"Am-ajirna"—primary derangement of "Kapha" or "Vayu-Kapha" (resulting in rheumatic attacks when Vayu is affected.)

"Bidhagdha-jirna"—primary derangement of "Pitta."

"Bisthabdha-jirna"—Abdominal "Vayu" depressed.

"Rasa-sesha-jirna"—cardiac "Vayu" irritated.

The above four clinical syndromes are the result of alimentary toxæmia or intestinal putrifaction which, deranging the chyle (which now contains the products of putrifaction), upset the various organs, while circulating there with the blood.

The following three clinical syndromes are the result of severe and long continued attacks of indigestion.

1. Bishuchika—choleric diarrhœa.
2. Bilambika—opposite condition of constipation.
3. Alasak—constipation with tympanites the patient becoming unconscious.

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The Corresponding European Nomenclature.

"Agni manda" or "Mandagni" is Achloridia with diminished secretion of enzymes.

"Tiksh-nagni" is Hyperchloridia with excess of secretion of gastric enzymes later on.

"Bisham-agni" is dys-function of the stomach (Indigestion) so that at times there is excess, at another, want or diminished secretion of gastric enzymes and Hydrochloric acid (perversion of gastric secretion.)

"A -ajirna" is dyspepsia with primary derangement of "Kapha". When the Vayu or Nervous system is secondarily affected, we may have different manifestations according to locality, the result of intestinal toxæmia *e.g.* Rheumatic attacks (joints affected).

Bisthabdha-jirna (abdominal Nerves depressed resulting in tympanites.)

Rasa-sesha jirna (cardiac nerves irritated resulting in cardiac distress and palpitation.)

"Bidagdha-jirna" or Hepatic dyspepsia.

If the intestinal toxæmia continues there may result—

"Bishuchika" (choleraic diarrhœa and vomiting with colicky pain when the abdominal nerves are irritated.)

"Bilambika" (constipation and absence of vomiting and diarrhœa when the abdominal nerves are depressed.)

"Alasak" (constipation with tympanites when the abdominal nerves are further depressed.)

Food in Am-ajirna or Simple Dyspepsia.

The result of Dyspepsia or Indigestion ("Ajirna"), for dyspepsia is a vague term coined by the profession to satisfy their patients, is deranged 'Am-Rasa" (chyle) as it is mixed with the toxic products formed as a result of alimentary intestinal toxæmia. According to Kemp, there are three types of intestinal putrifaction :—

(i) The *Indalic type* (the result of protein putrifaction) often causing "rheumatic complex" (Am-ajirna),

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(ii) The *Saccharobutyric type* (the result of carbohydrate and fat putrifaction) causing depression of abdominal "Vayu" resulting in tympanites (Bistabdha-jirna) or pure "Saccharo" type (the result of carbohydrate putrifaction) causing irritation of cardiac Nerves resulting in palpitation and cardiac distress (Rasa-sesh-ajirna); and

(iii) The Mixed type.

It may be noted that the Hepatic type of dyspepsia (Bidagdha-jirna) occurs, says Kemp, in persons having a "hepatic (Pitta) diathesis", in which, according to Habershon, there is an "inherited tendency to deficient Hepatic secretion". Excess of nitrogenous material when injested, says Kemp, causes it, for the hepatic secretion is supposed "to promote destructive metabolism of the albuminoid constituents of protied material."

In the beginning of the disease "Am-ajirna", give light, easily digestible food like Barley-gruel, Rice-gruel, "Khai-manda" etc, medicated, if necessary.

In the sub acute stage, when digestion is somewhat improved by suitable treatment, dietetic or medicinal, give old "Dadhkhani" rice in the day time and barley-gruel at night.

After the disease is cured and the patient is in the convalescent state, give rice with soup of small white fish like "Chela", "Mourola" or black fish like "Singhi," "Koi", "Magur" etc.

Do not give heavy indigestible articles of diet or food prepared overnight.

Food in "Agni-mandya".

Besides light and easily digestible food, a combination of Assofœtida and Sonchal salt should be given. The latter is a dark coloured salt containing a mixture of chloride and sulphate of soda with caustic soda but no carbonate.

The above is useful not only in "Mandagni" but in Bishamagni (paroxysmal hyperacidity) also when there is hypo-acidity.

Hemmeter demonstrated that the acidity of gastric juice is considerably reduced when salts are extracted from food. Cahu, by reducing the chloride content of the blood found that stomach secreted a neutral inactive fluid.

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In Mandagni, therefore, chloride should be supplied to relieve the hypo-acidity of gastric secretion and this is done by Sonchal salt which being free of carbonate does not neutralise the acidity of gastric juice. The appetite is roused.

In this disease Whey is very good and is often medicated with carminatives like Trikatu and acidulated by Amrul-sag (Sorrel) and Kayet-Bael (Wood-apple) and mixed with protied (Mug-dal—P. mungo). The mixture is boiled and strained. It checks diarrhœa also.

MODERN EUROPEAN PRACTICE.

"*Agni-mandya*" occurs in chronic gastrites where the secretion of Hydrochloric acid is usually diminished. This acid deficiency and an increased production of mucus (Am) are in fact the main clinical features of the disease. In the late stage, rarely the gastric ferments become scanty.

Fenwick agrees with Hawkins that when a severe case comes under treatment rest in bed for 10 days to two weeks is essential. During the time one should administer some bland form of nourishment.

"Personal equation," says Kemp, "predominates in these cases". (It may be noted that personal factor is fully studied in Ayurveda under the heading of diathesis). The skill of the physician, says Strumpell, is often exhibited more in what he permits than in what he withholds.

From the broad point of view the dietetic treatment, says Strumpell, consists in withholding such food as will irritate the gastric mucous membrane either mechanically or chemically, *e. g.*, coarser vegetables and fruits containing excess of cellulose and all dishes that are sour, strongly salted or highly spiced.

Too much starchy and fatty food should not be given. But we must not go too far in forbidding starch and fat, especially in weak debilitated subjects. Alcoholic beverages should be limited or withheld.

Opinions differ as to the adminstration of proteid food. Fenwick does not think that the rule to withhold protein whenever gastric secretion is deficient should be followed in this disease strictly.

Hawkins states that the digestion of protein is at a low level and that carbohydrates are apt to disagree. Hence both should be

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given in small quantities, milk, diluted or peptonized, ½ pint every 4 hours.

Sometimes, Metchinkoff's sour milk agrees. Half a pint of sour curd sprinkled with sugar my be given twice a day.

In severe cases, give food in liquid or semi-liquid form, as milk with mineral water (vichy), matzoon, konneiss, butter milk, oatmeal or rice-soup, chicken-soup, raw egg beaten up and mixed with water.

Kemp advises the patient to have rest in bed for some days when bland unirritating food like milk with barley-water is to be the only food or milk peptonized. If for any reason plain milk is objectionable, give butter-milk or konneiss. The diet should be liquid until the patient can bear 2 pints of milk without discomfort, when easily digestible, semi-solid and solid foods are cautiously advised. The addition of carbohydrates increases flatulence.

Kemp, however, emphasizes that farinaceous food should not be restricted but protein diminished.

It must be noted that Indians are accustomed to farinaceous and fat diet with little protein and as the gastric and hepatic secretions in Indians are generally weaker than those of Europeans in health. Hence only starchy gruels are given and fish added in the convalescent state.

In *Tikshnagni* or Hyperchloridia or chronic acid dyspepsia, there is increased secretion of hydrochloric acid and hyper-secretion.

HYPER-ACIDITY.

Fenwick says that starchy substances cause more discomfort than proteins and milk less than that caused even by proteins; hence milk should constitute the staple food.

Hawkins advises that during the first week there should be semi-starvation, complete rest and milk with carlsbad salts. In the second week of rest, the diet to be gradually extended. During the third week he may be allowed out of bed.

In a general way, in hyperacidity all condiments and spices must be forbidden and all vegetables containing excess of cellulose, coffee and alcohol to be avoided, light tea being allowed. All starch

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should be dextrinised by dry heat as in thin toast and rusk, or thoroughly gelatinized by moist heat as in pudding. Jellies are useful. Gelatin fixes a good quantity of Hcl. Fresh uncooked butter and cream may be freeley taken as these lessen the secretion of gastric juice. Milk, egg and cheese are articles of diet. Fluids like milk and soda-water or milk and mineral water may be freely given, unless there is dilatation, (so common in case of Indians) and should form the staple food. Soup may be avoided for its stimulating and least nutritive effect. Avoid tobacco. It will be advisable to eliminate salt from diet.

Opinions differ as to the relative advantage of an amylaceous and protein diet. Fenwick appears to be in favour of the latter but Hawkins thinks that while proteid 'relieves the symptoms but perpetuates the malady", carbohydrate diet is "curative." Hawkins is therefore inclined to adopt a middle course.

The main reliance says Kemp, in the dietetic treatment of hyperchloridia is the selection of such articles as combine most readily with the excess of acid. As protein food meets the requirement, he advices diet relatively rich in protein like milk, egg and meat.

Some authorities agree with Hawkins that the excessive use of meat causes the disease and thus it is inadvisable to continue such diet longer, for it will perpetuate the disease.

Large doses of Sodi Bicarb or Mag Carb or vichy water a couple of hours after meals relieve the extra acid. Milk is also an acid neutraliser (goats' milk is superior in this respect to cows' milk) and should be taken diluted with soda water or vichy water. Foods rich in carbohydrate should be sparingly used as free acid appears as soon as food enters the stomach which interferes with the normal digestion of starch by the salivary ferment ('chhana" or fresh milk coagulum is very good and readily borne by Indian stomach).

HYPERSECRETION.

It is a perversion of gastric function in which the gastric glands secrete gastric juice even when the stomach is free from the irritation of injested food, *i.e.*, empty.

The dietetic treatment is the same as in hyperacidity. Here again arises the relative advantage of a starchy or a proteid diet. Fenwick as usual is against starchy food though he does not deny

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that exclusion of starch favours constipation and increases tendency to emaciation.

While bread should not be eaten, their toasts may be given after washing out the stomach with weak alkaline solution. Green vegetables and fruits should not be taken. Butter and cream in moderate quantity is good when taken moderately, but excess should be avoided, for it may induce vomiting. Milk is good, as it rapidly fixes the free hydrochloric acid.

When raw milk does not agree, one should conclude that the stomach contains large quantities of stagnant acid which should be removed by lavage. Fenwick advises milk and lime-water. In other cases it may be necessary to use fresh whey. Fenwick does not think that milk curd is indicated.

Hypersecretion is a more severe form of the disease than hyperacidity. Rest and semi-starvation, and small quantity of milk frequently repeated with alkalies at intervals are good.

In hyperacidity, chewing of gum stimulates salivary secretion which neutralises the acid of the stomach and is permissible.

Indians suffer more from hyperacidity than the opposite condition of hypo-acidity. It may be remembered that the naturally weak stomach of Indians is further weakened by repeated and regular use of alkalies, which no doubt temporarily relieves the acid, but protracts the disease. A better plan is to take luke-warm water slightly acidulated with weak vegetable acids half an hour before meals. It should be sipped. It acts as lavage to the stomach and the slight acid fluid checks acid secretion from the stomach which is more injured by taking alkalies after food. The latter should be done as a paliative when the former measure fails. Of course it is not applicable in hyper-secretion.

In *Bisham-agni* (paroxysmal Hyper-secretion) it is well according to Hawkins that meat should bo minimised and Tobacco and Alcohol forbidden altogether.

General principles of European practice of dietary in Gastric diseases.

Food exerts an important influence in all diseases of the stomach for the majority of stomach diseases is due to indiscretion in diet. The selection of diet in gastric diseases should have a scientific basis.

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One must remember also that there is little absorption from the stomach.

When intestinal digestion is not upset, one should give such food in gastric diseases that it rapidly passes into the duodenum.

Further one should take into account in gastric diseases the secretory, absorptive and sensory action of the organ.

The presence of pyloric obstruction, or gastroptosis should be taken into account.

A chemical examination of the stomach-contents is always necessary in gastric diseases.

There should be consideration of the teeth and mouth in the diagnosis of a gastric case.

A preliminary period of starvation is often beneficial in most gastric cases due to excess or improper food.

The time of chymification should be considered singly with regard to each food stuff (and collectively with regard to the dietary of a nation. While meat remains longer in the stomach than rice, the mixed non-meat diet of Indians remains longer than the mixed meat diet of Europeans).

Individual factor is important and no hard and fast rule depending on experimental scientific research can be found true in actual practice in every individual case (showing that there is some flaw somewhere).

Several factors like climate, season, temperament, habits of generation etc., which explain likes and dislikes and idiosyncrasies should be taken into account as we find in Ayurveda.

(To be continued.)

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KAUMARA BHRITYA IN AYURVEDA.

—o—

Kaumara bhritya, a branch of Ayurveda.—Ayurveda consists of eight divisions namely :—

(1) Salya Tantra.
(2) Salakya Tantra.
(3) Kaya Chikitsa.
(4) Bhuta Vidya.
(5) *Kaumara bhritya.*
(6) Agada Tantra.
(7) Rasayana Tantra.
(8) Vazikarana Tantra.

Subject of the essay and why it is important.—The subject of my essay is Kaumara bhritya in Ayurveda. I mean by Kaumara bhritya not only management and diseases of infants from their birth but the treatment of irregular lactic secretion, As regards this subject Dr. Robert Hutchison says :—

"The consequence is that many men when qualify themselves know nothing of the commonest ailments of infant life, although in any general practice children make up a great part."

Management of Infants after Delivery.—As soon as a child is born the following acts should be done : Two pieces of stone to be rubbed against each other near the ears of the babe to produce harsh grunting sounds which quickly rouses the baby into life. (Charaka jatishtriya). The shreds or membranes lying on the body of the child should be removed immediately after its birth. Some one then should, with her finger, from which the nail has been properly pared and which is covered with a piece of well washed (antiseptic) cotton begin to gently wipe the child's palate, lips, throat and tongue. Besides these, whatever else is needed for restoring the life breaths should be done. (Ch. Jati.).

Modern method compared.—"In a normal case the child will begin to cry as soon as it is born : if not, any cutaneous stimulus will cause it to do so. If there is mucous in the mouth or throat it must be cleared out before attempting to make the child inspire. Then a dash of cold water or a pair of smart slaps on the hand

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are the time-honoured methods of promoting inspiration. (Henry Jellet).

Separation of Placenta according to Ayurveda.—Then the umbilical cord after having been slightly drawn out should be ligatured with one end of a string at a point eight fingers apart from its navel, the other end of the string being tied round its neck ; the umbilical cord should be severed immediately above the ligature. If the child's navel begins to rot, it should be annointed with oil boiled with the paste of these viz. :—Lodhra, Madhuka, Priyangu, Haridra, and Daruharidra. These may also be reduced to pulv. and such pulv may be applied to the rotten navel. (Char. Jati.)

Modern Method compared.—"The cord should not be tied until the cord stopped pulsating. It is then tied with two ligatures, one applied two inches below the umbilicus of the child and the other as close as possible to the vulva of the mother. Between these two ligatures the cord is to be cut. The only essentials in managing the cord are to keep it dry and aseptic. It is usually dressed after birth and after each bath as follows :— The cord is well dried and then dusted with a powder consisting of equal parts of boracic acid and starch." (Hehry Jellet.)

Bath of Infant (Medicated).—"Then having sprayed the baby with cold water, the post natal rites should be performed unto it. After that the baby should be made to lick an electuary composed of honey, clarified butter and expressed juice of the Brahmi leaves mixed with Anaṅta given with the ring finger of the feeder. The body of the child should be anointed with Balathik and it should be bathed in an infusion of the barks of Kshrri trees and in water in which red hot gold or silver is washed (Sushruta, Sarira, Cha. X.).

Lactation period in Ayurveda.—The milk in the breast of a newly parturiant woman sets in three or four days after parturition owing to the dilatation of the orifices of the milk ducts. Hence the baby should be fed thrice daily on a handful of clarified butter and honey mixed with pulverized roots on the first day. On the second and third days the child should be fed on clarified butter prepared with Lakshmanaj-angi. On the 4th day the child should be fed on clarified butter twice and from the evening the mother should first sqeeze of her milk and then give the child her breast." (Sushruta S., Ch. X.)

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The child should be given the right breast first. (Charaka Jati.)

According to modern view—"The fluid which is found in the breast during the first forty-eight hours after delivery is colostrum. The milk proper becomes established about the evening of the second or the morning of the third day and rapidly increases in amount" (Henry Jellet).

"Provided the child is kept warm and supplied with a sufficiency of water you need not fear that its nutrition will suffer unduly while the attempts to get the breast to secrete are being made" (Robert Hutchison).

Scepticæmic diseases of Infants in Ayurveda.—If the umbilical part be not properly cut (without observing antiseptic measures) there may be fear of the following diseases :—

Uttandika—A tumourous growth resembling a ball.

Pindalika—A flat circular tumour.

Vinamika—A circular tumour with circular edges and the circular portion is depressed.

Vizrimbhika—A tumour that continually increases.

(Charaka. Jatisutri.)

Modern view compared.—"I have already pointed out to you that the existence of umbilical wound is a constant menace to the health of the young infant and it is through this channel that infection usually finds access. Its simplest form is a mere local inflammation (Omphitis) which causes a little redness and swelling with slight purulent discharge. As a sequel to this, sceptic thrombosis of the umbilical vessels may occur. From sceptic thrombosis it is but a step to general scepticæmia which in the newly born, is, as imagined, a very dangerous condition." (R. Hutchison).

Milk as Infant's food.—According to Ayurveda, human milk is congenial to the organism of a child that is its proper food. Charaka and Sushruta always recommend a wet-nurse owing to these causes :—

(1) Their aim in writing these compilations is to treat the rich but not the poor.

(2) Moreover the mother's health after conception and delivery get spoiled (weak) so, that milk is not healthier to the infant.

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For the happy growth of a child a wet-nurse should be selected. Hence, in the absence of sufficient breast-milk, the child should be given the milk of a cow or a goat in adequate quantities.

(Sushruta, Ch. X.)

Examination of breast milk.—The breast-milk should be tested by casting it in water The milk which is cold, thin, clear and tinged like the hue of a conch shell is found to be easily mixible with water. It does not give rise to froths, shreds and neither floats nor sinks in water and should be regarded as pure and healthy. (Sush. Sam. Ch. X.)

Time of giving starchy food to infants and Modern view compared.—"In the sixth month of its birth the child should be fed light and wholesome boiled rice. (Sus. Sari. Ch. X).

"When should you add starch to the diet ? Experience shows one that the power of digesting starch varies enormously in different cases. I have known children has got starchy food from their earliest days and yet apparently did not suffer from it. So your general rule should be not to allow a starchy food in any shape until the child has cut a tooth or two and then you can begin to give your food very gradually and cautiously." (R. Hutchison).

The eight kinds of vitiation of breast milk.—Vitiation of breast milk owing to injudicious practices are of eight kinds :—

(1)	Vitiation	due to excitement of	Vata.
(2)	,,	,,	Pitta.
(3)	,,	,,	Kapha.
(4)	,,	,,	Vata and Pitta.
(5)	,,	,,	Vata and Kapha.
(6)	,,	,,	Pitta and Kapha.
(7)	,,	,,	Vata, Pitta & Kapha.
(8)	,,	,,	Abhighataja.

Test for Vitiated breast milk.—(1) When the breast milk vitiated by Vata is poured into water, instead of mixing, it floats upon water.

(2) When the breast milk is vitiated by Pitta, it will be bitter, sour and saltish. There will be yellow lines upon the milk.

(3) When the breast milk is vitiated by Kapha, it will be thick and oily and when poured in water it sinks.

(4 to 6) These milk will have the qualities of both.

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(7) When vitiated by Sannipata the qualities will be of the three humours combined.

(8) When vitiated by Abhighatas the qualities will be of the first *i. e.*, when vitiated by Vata.

(Madhava Nidana. Stanyaroga).

Eight defects of breast milk and how they effect the suckling according to Charaka.—I. When the vitiation is due to excited Vata, the milk becomes (*a*) tasteless, (*b*) frothy and (*c*) dry (unoily).

II. When the vitiation is due to Pitta the symptoms of the milk are (*d*) Discolouration and (*e*) fœtidness.

III. When the vitiation is due to Kapha the milk becomes (*f*) oily, (*g*) slimy and (*h*) heavy.

I. When Vata provoked proceeds to the mammary glands vitiates the taste of milk. The child sucking this milk becomes emaciated ; indeed it dislikes such milk and grows with difficulty. Indeed the Vata being provoked, agitating the lacteal supply within the breast causes it to become frothy. The milk is then secreted with difficulty in consequence of taking such milk.

Modern view compared—(1) The stools, urine and the downward wind being constipated, "I think one may say at the outset that constipation in infancy is much commoner in the breast-fed than the bottle-fed children. And I think any one who keeps his eyes open here in the out-patient room will have seen that when an infant is brought to you for constipation it is almost invariably a breast-fed child. It is difficult to say why it is that breast-fed children should be so apt to suffer for chronic constipation ; certainly I have not satisfied myself as to the reason for it. In some cases it may perhaps be due to some peculiarity in the mother's milk. There are cases of constipation which are accompanied by colic. For instance, you will meet with cases in which the mother says that the stools are exceedingly hard friable and even chalk-like in appearance. But there is no reason that I can tell you why that kind of constipation is commoner in the breast-fed than in the bottle-fed." (R. Hutchison.)

(2) He soon gets head-disease due to provoked wind.

Modern View.—"There is another point about constipation, in which I like to direct your attention and it is for some reason or other particularly common and obstinate in children who suffer from mental deficiency". (R. Hutchison.)

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(3) The child's voice becomes weak.

(4) The wind provoked by Vata dries up the fatty matter of milk, so the child sucking this milk suffers.

DIMINUTION OF STRENGTH.

Modern View.—"And in favour of the view is the fact that in many cases the habitual constipation is accompanied by persistant wasting. And this is one of the commonest causes of the sluggish action of the bowels. I have said that in some cases the poverty is due to the poverty of the mother's milk, which not only causes constipation in the way I have indicated but also causes wasting." (R. Hutchison).

"That some people are apt to speak of wasting as if it were synonymous with 'Food disorders of Infancy'. Unsuitable food is undoubtedly the starting point of the majority of cases of wasting". (Hutchison).

Diseases caused by sucking milk vitiated by Pitta. The Pitta provoked by indulgence in food and drink that are dry overwhelms the lacteal region, and produces discolouration of the milk or makes it blue or yellow or dark in colour. By sucking this milk (*a*) the child's complexion becomes discoloured, (*i.e.* gets Jaundice) ; (*b*) he perspires frequently and becoms thirsty ; (*c*) his stools become liquid or faeces are not consistent being divided into separate portions ; (*d*) His skin is always hot and he does not delight in sucking. (Charaka Ch. XXX.)

Modern view compared.—(*a*) "Severe jaundice is attended by congenital obliteration of the bile ducts. It can be diagnosed by the fact that the liver is large and irregular and the spleen also palpable". "Catarrhal Jaundice presents all the characters of a mild obstructive Jaundice and that it may be attended by the considerable enlargement of the liver brought about by its engorgement with bile. You will some times notice that the disease occurs in epidemics, but there is no reason to suppose that it is infectious".

"Gallstones as a cause of jaundice in childhood need not be seriously reckoned with. I have only once met with a case of biliary colic and in his case though the presence of stones was proved after operation, Jaundice did not occur". (R. Hutchison.)

(*b*) "Diarrhœa cannot be differently marked off into different classes ; the varieties pass into one another. In the majority of

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instances I think it is merely due to the bile pigment being hurried on through the intestines without undergoing the usual changes. And milk in particular you must withhold ; for there is reason to believe that milk in such cases is actually poisonous". (Hutchison).

Indeed the bile becoming provoked in the manner already explained, the milk becomes of a fœtid smell. By sucking such milk the child catches.

(Charaka Ch. XXX).

Chlorosis and Anemia.

Modern view.—"Chlorotic anemias are not uncommonly seen in the early life. A girl of three years had been fed on the breast till she was eight years old. Since then she was rickety. She had a chlorotic complexion, a palpable spleen and loud hacmic murmurs. The explanation of the fact is probably to be found in the poverty of milk in iron. A considerable amount of it is derived from the storehouse in the liver with which every child enters the world." (Hutchison).

III. *Diseases caused by sucking milk vitiated by Kapha.*—Provoked by indulgence in food and drink that are heavy the phlegm proceeding to the lacteal region in women, causes in consequence of its own oily and fatty nature, the milk to be excessively fatty. The child, by sucking such milk, is afflicted with (1) *vomitings and strainings* ; (2) copious salivary secretions from his mouth ; (3) constant adherance and obstruction of the duct of his body. (4) The child becomes sleepy and lazy. (5) It becomes also afflicted with asthmatic breathing. (6) Cough, watering of the mouth and nose. (7) While the phlegm, overwhelming the milk makes it slimy, causes a variety of Asthma called "Tamaka Swasa".

When the phlegm is located in the lacteal region, it causes, in consequence of its own heaviness, the milk to be heavy and the child by sucking such milk catches (8) Heart disease.

(Charaka, Chikitsa, XXX.)

Modern view of vomiting. (1) "A boy brought to you when a few weeks old because, as the mother says, she can not find any food to suit him. She will complain that no matter what food she tries, it produces vomiting. This forcible and projectile character is one of the things that distinguishes the vomiting of congenital pyloric stenosis from that which is due to ordinary

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dyspepsia. You will often be told that the child brings of quantity of slime with the vomit. Slime is what you and I know mucous and the bringing up of a quantity of mucus is another thing which characterize this particular kind of vomiting. My own view that the condition is not a congenial anomaly but that the second view is right, explain it how you may, and that we have here primarily to do with a spasm. The immediate result of washing out the stomach is that the vomiting ceases or almost ceases. It will cease almost as soon as you have got rid of the mucous and therefore he says you will select a milk which does not form large clots (which is not fatty). (Hutchison).

OTHER KINDS OF DISEASES GIVEN BY SARANGADHARA.

Sarangadhara gives under Diseases of Children the following kinds :—

(1) Dantodbheda
(2) Dantaghata
(3) Danta Sabda
(4) Kala danta
(5) Ahipatana
(6) Mughapalla
(7) Mughasrava
(8) Gudadirsha
(9) Upasirshaka
(10) Padmarana
(11) Thalu khanta
(12) Vichhinna
(13) Parigarbhika
(14) Daurbalya
(15) Gatrasada
(16) Sayyamutra
(17) Kukunaka
(18) Rodana
(19) Ajagalli

(To be Continued.)

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RESTORATION AND DEVELOPMENT OF AYURVEDA

BY

GIRINDRA NATH MUKHERJEE, B.A., M.D., F.A.S.B.,

Author of Surgical Instruments of the Hindus, History of Indian Medicine, etc., etc.

(Continued from our last issue).

5. Do you agree with the view of the Calcutta University Commission that "There is an obvious and promising desire at the present moment among the numerous adherents of these (indigenous) systems for closer touch with modern scientific methods. In time, no doubt, they will be able to make available for the practitioners of western medicine the traditional knowledge which is of real value and will reject, as western medicine continually rejects, those theories which are mere survivals, and cannot stand the test of experiments. The distinction between Indian and Western systems of medicine will then disappear." If you agree that a unified system of medicine as indicated in the above passage is the ideal to be aimed at, what steps would you suggest for the fulfilment of such an Ideal ?

6. Do you agree with the view that the curriculum of studies of indigenous medicine should include a study of modern scientific methods as illustrated by such subjects of study as modern physics, chemistry, and biology, as also a study on modern lines of anatomy, physiology, pathology, bacteriology, and surgery in all its branches ? If you agree with the above view, in whole or in part, please favour the committee with a precis of the course of studies you would propose for students of indigenous medicine, with special reference to (*a*) the progressive standard corresponding, for example, to the existing allopathic qualifications of Licentiate (L. M. P. of our allopathic Medical Schools), Graduate, Masterate and Doctorate (L.M.S., M.B., M.S, M.D., of our Universities). (*b*) The preliminary qualifications and periods of study for each of the standard proposed. (*c*) The medium or media of instruction proposed.

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7. What are your views on the question of extending Medical Registration to Indigenous Systems of Medicine? If you hold that such extention is necessary and desirable, please favour the Committee with your views regarding (*a*) the formation of a suitable Registration Board for admitting competent practitioners into the medical register, (*b*) any changes in, or additions to, the existing legislation on Medical Registration.

8. What is your opinion regarding the comparative cost of treatment, according to allopathic and indigenous systems? Please give reasons for your opinion.

9. What, in your opinion, are the causes of decay of the indigenous systems of medicine? Kindly favour the committee with your suggestions for revival?

10. Please state your views as to how the Indigenous Systems of Medicine can be fostered and prompted by (*a*) the State, (*b*) the local boards, (*c*) the Universities, (*d*) Private agencies (Individuals or association).

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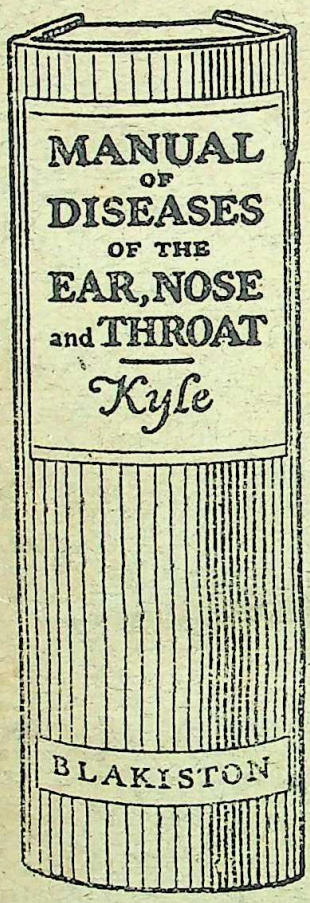
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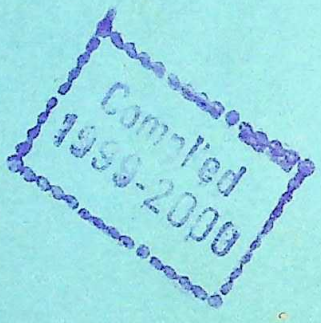
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